S. Hrg. 100-379

JACOB K. JAVITS GIFTED AND TALENTED CHILDREN AND YOUTH EDUCATION ACT, AND OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION ACT OF 1987

HEARING

BEFORE THE

SUBCOMMITTEE ON
EDUCATION, ARTS AND HUMANITIES

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

S. 303

TO ESTABLISH A FEDERAL PROGRAM TO STRENGTHEN AND IMPROVE THE CAPABILITY OF STATE AND LOCAL EDUCATIONAL AGENCIES AND PRIVATE NONPROFIT SCHOOLS TO IDENTIFY GIFTED AND TALENTED CHILDREN AND YOUTH AND TO PROVIDE THOSE CHILDREN AND YOUTH WITH APPROPRIATE EDUCATIONAL OPPORTUNITIES, AND FOR OTHER PURPOSES

S. 1348

TO ESTABLISH IN THE DEPARTMENT OF EDUCATION AN OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION, AND FOR OTHER PURPOSES

SEPTEMBER 18, 1987

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JACOB K. JAVITS GIFTED AND TALENTED CHILDREN AND YOUTH EDUCATION ACT AND OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION ACT OF 1987

FRIDAY, SEPTEMBER 18, 1987

U.S. Senate,
Subcommittee on Education, Arts and Humanities,
Committee on Labor and Human Resources,
Washington, DC.

The Subcommittee met, pursuant to notice, at 10:15 a.m., in Room SD-430, Dirksen Senate Office Building, Senator Claiborne Pell (Chairman of the Subcommittee), presiding.

Present: Senator Pell.

Also present: Senators Bradley and Bingaman.

OPENING STATEMENT OF SENATOR PELL

Senator Pell. This hearing of the Senate Subcommittee on Education, Arts and Humanities will come to order.

This morning we will complete the final oversight hearing on Elementary and Secondary Education before we move an omnibus bill to Subcommittee markup. Our hearings have been most informative, and have made an enormous contribution to the reauthorization process.

We are very honored to be joined by Senator Bingaman and Senator Bradley. Both are here to testify on behalf of their respective bills concerning issues in which they hold a keen interest.

Senator Bingaman's bill, S. 1348, would establish an Office of Comprehensive School Health in the Department of Education, and would authorize discretionary grants to State and local educational agencies to provide comprehensive health education to students. I am pleased to be a cosponsor of this modest, but important, piece of legislation.

Senator Bradley's bill, S. 303, would establish a discretionary grant program within the Department to provide funds to LEAs for programs which serve gifted and talented students. This is similar to a program which existed prior to 1981. It was authored by the late Senator Javits, and was a program which I strongly supported.

I share their interest in these two issues, and I am very interested in examining how we might best address these needs in our Omnibus Reauthorization Bill.

I would like to add before we begin a warm welcome to Ms. Judy Edsall from Providence, Rhode Island. As coordinator of gifted and talented education programs in Rhode Island, Ms. Edsall has a keen understanding of the needs these students face, and we are very fortunate to have her here today.

I apologize to my colleagues and to the people here for being late. Usually I try to be very much in time but I was delayed on the Floor. Without objection, I would ask that my opening statement be inserted in the record at the opening of these hearings as if read and go directly to my two colleagues whom I have kept waiting.

Senator Bradley.

STATEMENT OF HON. BILL BRADLEY, A U.S. SENATOR FROM THE STATE OF NEW JERSEY

Senator **Bradley**. Mr. Chairman, thank you very much, and Members of the Subcommittee. I am pleased to be here today to urge your support of S. 303, the Jacob Javits Gifted and Talented Children and Youth Education Act of 1987.

In 1969, Senator Javits successfully led the fight for the passage of the Gifted and Talented Children's Education Assistance Act. This legislation focused Federal attention on talented and gifted youth. It gave them priority in several Federal education programs. It also directed the Commissioner of Education to report to Congress on the current status of educational programs for gifted and talented children and also to focus on their un-met educational needs. Senator Javits continued to fight for these students throughout his tenure here in the Senate, and I think it is fitting that this legislation if offered in honor of his efforts.

However, since 1980 we have witnessed a major loss of aid for the gifted and talented. In 1981, at the request of the Reagan Administration, the Gifted and Talented Children's Education program lost its separate funding and was combined with 29 other education programs under a block grant to states—so-called Chapter 2 of the Education Consolidation and Improvement Act.

In 1982 the Administration closed the Office of the Gifted and Talented in the U.S. Department of Education. By 1986, only 13 percent of the school districts receiving funds under Chapter 2 allocated any money at all for gifted education. These districts spend an average of only $1,000 on this special program. And the Federal Government now plays virtually no role in helping schools provide opportunities for gifted and talented students.

The needs of the gifted and talented are real. We have nearly 2.5 million gifted and talented elementary and secondary students in the country, but 40 to 60 percent of this population has never even been identified individually. Half of these students we have identified achieve below their ability level, and only 20 percent of the teachers in gifted education are properly trained to teach them. The popular notion is that our gifted and talented children will succeed on their own, that they do not need any special help or special challenge. But that is simply not true. Many need services not readily available through regular school programs, and without special attention, gifted children grow bored, act up, and too frequently drop out of school.

In New Jersey—my home State—there are presently 80,000 school age children who have been identified as gifted and Talented. Few of these children receive the services they deserve, and thousands more receive no supplemental services at all. In large part this is because almost all schools are caught in a financial squeeze. Local revenues are insufficient, Federal revenues are virtually non-existent and only minimal state aid is available. Last year, for example, only $200,000 was available in the State of New Jersey for gifted and talented programs.

Since local schools do not have the financial resources to provide fully adequate services for these children, what I propose is that we reverse directions: the gifted and talented need more attention, not less. That is why I have introduced this bill, cosponsored by several members of this Committee, to provide national leadership to assist in the development of programs to serve the gifted and talented. I have introduced similar bills in the past two Congresses and I am hopeful that in the 100th Congress we will finally let these special students know that we intend to help them reach their full potential.

I am particularly grateful for these hearings today. They help educate the public and the Congress about the enormous challenge that lies before us.

Many school districts around the country have established excellent programs for the gifted. We need to support these programs nationally. Again, in my own home State of New Jersey, the efforts underway in places such as Montclair, Bayonne, Elizabeth, Union City, Paterson and many other places need to be encouraged—not only with our best wishes, but also with our financial support. And that is why I have introduced this legislation.

I truly believe that our leadership position in the world depends on our commitment to our young people. Our goal must be to do everything in our power to help all students reach their highest level of intellectual development and potential development. Special attention to gifted and talented students is called for if our nation is to maintain and improve its position as a world leader in technology, the sciences, the humanities, and the arts. This legislation is just a small step in what I think is the right direction to achieve that end.

I am very grateful to the Chairman and the Committee for the opportunity to appear here this morning.

Senator **Pell**. Thank you very much, Senator Bradley. I remember when Senator Javits first introduced this concept, what a wonderful one I thought it was. We all did. Particularly as we know that the direction of the United States will be determined not by the average student, but it will be determined by these special students, exceptional students, and they are the ones that I think we should put far more attention into guiding because our fate is really in their hands. They will be the ones who will provide leadership in the next century.

Thank you very much indeed.

Senator **Bradley**. Thank you.

Senator **Pell**. I would add here I present the apologies also of the Senator from Vermont, Mr. Stafford, who had to be in Vermont fulfilling commitments there. Otherwise, he would have been here with us.

Thank you very much, Senator Bradley.

Senator Bingaman.

STATEMENT OF HON. JEFF BINGAMAN, A U.S. SENATOR FROM THE STATE OF NEW MEXICO

Senator **Bingaman**. Thank you Mr. Chairman.

Let me again repeat Senator Bradley's comment that I appreciate your holding this hearing and I know how busy a period this is on many of the foreign policy issues which you are a leader on here in the Senate and it is commendable that you are willing to devote this time to it at this particular time.

Let me just briefly describe S. 1348, which is the bill that I am urging the Committee to act on favorably. This is a bill which you yourself are cosponsoring with me, and I am very grateful for that. Also, Senators Burdick, Daschle and Conrad are cosponsors.

This is a bill which I spoke to you about some months ago to establish in the Federal Department of Education an Office of Comprehensive Health Education. As I believe you know very well, Mr. Chairman, this is something that in some previous Administrations has been pursued. Unfortunately, at this time there is no Office of Comprehensive Health Education in the Department of Education and there is no emphasis being given to that.

I think as a nation and as a society perhaps we have become victims of our own compartmentalization. It is very clear from all the evidence that we have neglected the health of our children and we have not used our educational system to do what we can do to provide information to them about ways to improve health.

Recent studies have shown that our children are not as healthy as they were a couple of decades ago. In fact, even in my home State of New Mexico we had a study very recently in the Albuquerque public schools which shows below the national average results on fitness and endurance tests among our children there. The majority of the boys in the Albuquerque public schools scored below the national average in cardiovascular endurance, in agility, in leg power and in flexibility. And we had similar problems with the scores of the girls who were tested.

It is clear that we are not trying to make Olympic athletes out of all of our children, and I am not urging that. But I am indicating that we know well that many of the health problems we face as a nation relate to lifestyle and the only effective way to deal with those is through a better educational effort to teach people how to take better care of themselves.

The schools are our best weapon against these unfortunate lifestyle trends and I think the proposal here to institute a comprehensive health education curricula in our schools is essential. So that is what I am recommending here.

The reason why this is important, Mr. Chairman, is that at last count there were more than 20 states that did not have even a health education consultant in their departments of education. It is clear that this has been neglected by many states.

I am happy to report that in my home State of New Mexico we do have such a consultant, but I do not believe that even in my home state we give health education the kind of central place that it deserves in the school curriculum.

This office that we are trying to set up would encourage and support programs that focus on physical health, well being and disease prevention as part of the regular education program. The office would give technical support to states and local educational agencies and monitor the status of school health nationality.

It would also—and this is very important, I believe—it would cooperate with the other Federal agencies to coordinate school health education programs and to provide these programs with up to date information as to what we know about health that can be used in our public schools.

I believe it would be a way to coordinate the numerous categorical programs in the Department of Education, and even more importantly, coordinate among the other Federal agencies. You know well that there are many other Federal agencies that play some part in this. I will not go through all of those at this time.

Mr. Chairman, a version of this bill has already passed in the House as part of H.R. 5, the School Improvement Act of 1987. And with the support of my colleagues here in the Senate I am hopeful that we can take this legislation and incorporate it into the Elementary and Secondary Education Reauthorization Act. That would be my hope.

I think that, Mr. Chairman, you have provided tremendous leadership on not only education but also health promotion issues here in the Congress for many years and I think this legislation does a good job of marrying those two concepts together—the educational focus, but also the focus on better health for our children.

So I would hope very much that you would consider incorporating this into the Elementary and Secondary Education Reauthorization Act so that we can act favorably upon it here in the 100th Congress.

I thank you again for the opportunity to appear here.

[The prepared statement of Senator Bingaman follows:]

STATEMENT OF SENATOR JEFF BINGAMAN
SUBCOMMITTEE ON EDUCATION, ARTS, AND HUMANITIES
OFFICE OF COMPREHENSIVE SCHOOL HEALTH
SEPTEMBER 18, 1987

MR. CHAIRMAN, THANK YOU FOR HOLDING THIS HEARING TODAY. I APPRECIATE THIS OPPORTUNITY TO DISCUSS ISSUES -- THE HEALTH, WELL BEING AND PHYSICAL FITNESS OF OUR CHILDREN -- THAT SHOULD BE OF GREAT IMPORTANCE TO US ALL. FOR TOO LONG, IT SEEMS, WE HAVE NEGLECTED TO ADEQUATELY EXAMINE AND ADDRESS THESE ISSUES. EVIDENCE OF OUR NEGLECT CAN BE SEEN IN MY STATE OF NEW MEXICO.

A RECENT STUDY BY THE ALBUQUERQUE PUBLIC SCHOOLS SHOWS THAT CHILDREN IN THAT SYSTEM SCORED BELOW THE NATIONAL AVERAGE IN MOST TESTS FOR FITNESS AND ENDURANCE -- THE PROBLEM APPEARS TO WORSEN AS THE KIDS GROW OLDER. A MAJORITY OF BOYS IN THE ALBUQUERQUE SYSTEM SCORED BELOW THE NATIONAL AVERAGE IN CARDIOVASCULAR ENDURANCE, AGILITY, LEG POWER, AND FLEXIBILITY. THE GIRLS SCORED BELOW THE NATIONAL AVERAGE ON THREE TESTS -- THE 50 YARD DASH, AGILITY AND LEG POWER.

I DON'T MEAN TO SUGGEST THAT OUR CHILDREN SHOULD BE MINIATURE "ATLASES", BUT MEDICAL EXPERTS AGREE THAT PHYSICAL FITNESS IS A KEY COMPONENT OF GOOD HEALTH AND DISEASE PREVENTION.

INDEED, STUDIES INDICATE THAT HALF OF THE DEATHS IN THIS COUNTRY ARE RELATED TO LIFESTYLE. HEART DISEASE, OBESITY, DRUG ABUSE, ALCOHOLISM, POOR NUTRITION -- ALL ARE ROOTED IN THE WAY WE CHOOSE TO LIVE. EVEN WORSE, THE AIDS EPIDEMIC SPREADING IN THE ADULT COMMUNITY TODAY WILL FILTER DOWN TO OUR YOUNG PEOPLE UNLESS THEY ARE PROPERLY EDUCATED ABOUT THIS DISEASE. OUR CHILDREN ARE LEARNING ALL TOO WELL THE BAD HEALTH HABITS OF ADULTS. IT IS ESTIMATED THAT BY 1991 THE U.S. WILL BE SPENDING $8 BILLION IN MEDICAL CARE FOR AIDS VICTIMS. MORE AND MORE OF OUR CHILDREN WILL BE AMONG THOSE VICTIMS UNLESS A CONCERTED EDUCATION EFFORT TAKES PLACE NOW.

I STRONGLY BELIEVE THAT OUR BEST WEAPON AGAINST THESE UNFORTUNATE LIFESTYLE TRENDS IS TO INSTITUTE COMPREHENSIVE HEALTH EDUCATION CURRICULA IN OUR SCHOOLS. IT IS FOR THIS REASON THAT I INTRODUCED THE BILL TO REESTABLISH THE OFFICE OF COMPREHENSIVE SCHOOL HEALTH.

SCHOOLS PRESENT OUR BEST OPPORTUNITY TO REVERSE THESE TRENDS, BUT THEY ARE FAILING TO DO SO. HEALTH EDUCATION IN HIGH SCHOOLS, UNFORTUNATELY, IS USUALLY AN ELECTIVE THAT DOES NOT COUNT TOWARD GRADUATION. AT LAST COUNT, MORE THAN 20 STATES DID NOT HAVE HEALTH EDUCATION CONSULTANTS IN THEIR DEPARTMENTS OF EDUCATION. I'M HAPPY TO REPORT THAT NEW MEXICO HAS SUCH A CONSULTANT. I BELIEVE HEALTH EDUCATION

MUST BE A CORE STUDY - NOT AN ISOLATED OR SINGLE-TOPIC, OPTIONAL COURSE CRAMMED INTO A HIGH SCHOOL SENIOR'S LAST SEMESTER. THE OFFICE OF COMPREHENSIVE SCHOOL HEALTH WOULD ESTABLISH A FOCAL POINT IN THE FEDERAL GOVERNMENT FOR COORDINATING AND CARRYING OUT HEALTH EDUCATION PROGRAMS AMONG STATES AND SCHOOLS.

THE OFFICE WOULD ENCOURAGE AND SUPPORT PROGRAMS THAT STRESS PHYSICAL HEALTH, WELL BEING AND DISEASE PREVENTION AS A PART OF THE REGULAR EDUCATION PROGRAM. THE OFFICE WOULD ALSO GIVE TECHNICAL SUPPORT TO STATES AND LOCAL EDUCATIONAL AGENCIES, ISSUE AN ANNUAL PROGRESS REPORT, AND MONITOR THE STATUS OF SCHOOL HEALTH NATIONALLY. ALSO, AND IMPORTANTLY, THE OFFICE WOULD COOPERATE WITH OTHER FEDERAL AGENCIES TO COORDINATE SCHOOL HEALTH EDUCATION PROGRAMS AND TO PROVIDE THESE PROGRAMS WITH UP-TO-DATE FEDERAL INFORMATION.

BY REESTABLISHING THE OFFICE OF COMPREHENSIVE SCHOOL HEALTH THERE WOULD FINALLY BE A WAY TO COORDINATE THE NUMEROUS CATEGORICAL PROGRAMS IN THE DEPARTMENT OF EDUCATION, AND EVEN MORE IMPORTANTLY, AMONG THE OTHER FEDERAL AGENCIES. THE NATIONAL INSTITUTES OF HEALTH, CENTERS FOR DISEASE CONTROL, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, BUREAU OF MATERNAL AND CHILD HEALTH, AND THE OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION ALL HAVE AN INTEREST IN SCHOOL HEALTH AND GENERATE A VARIETY OF INFORMATION AIMED AT INFORMING THE PUBLIC OF HEALTH ISSUES. YET NO OFFICE WITHIN THE DEPARTMENT OF EDUCATION EXISTS TO DISTRIBUTE THIS INFORMATION TO THE STATES AND LOCAL EDUCATIONAL AGENCIES. HEALTH EDUCATION MATERIAL AND CURRICULA DEVELOPED BY THESE AGENCIES SHOULD BE INTEGRATED AND PRESENTED IN A COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAM.

SUCH AN OFFICE CAN QUICKEN THE USE OF FEDERAL HEALTH RESEARCH INFORMATION AND PROMOTION, STIMULATE QUALITY HEALTH EDUCATION PROGRAMS, ENCOURAGE COMMUNITY INVOLVEMENT IN HEALTH EDUCATION CURRICULUM DECISIONS, AND BUTTRESS STATES AND LOCAL EDUCATIONAL AGENCIES WITH TECHNICAL SUPPORT.

MR. CHAIRMAN, A VERSION OF THIS BILL HAS ALREADY PASSED IN THE HOUSE, AS A PART OF H.R. 5, THE SCHOOL IMPROVEMENT ACT OF 1987. WITH THE SUPPORT OF MY COLLEAGUES IN THE SENATE, I AM HOPEFUL THAT THIS LEGISLATION WILL BE INCORPORATED INTO THE ELEMENTARY AND SECONDARY EDUCATION REAUTHORIZATION ACT.

AGAIN, I THANK YOU SENATOR PELL FOR YOUR LEADERSHIP HERE TODAY.

Senator **Pell**. Thank you, Senator Bingaman. The idea is an excellent one. I think all of these things go in cycles. I can remember a good many years ago—about 20–25—there was a tremendous spate of activity as people compared the pushup strength and sit-up strength of our children to the children in other countries. We came out deplorably badly. We moaned and groaned and wrung our hands over it, but my recollection is that we did nothing about it.

I appreciate what you are doing 20 years later. We hope we succeed this time. If we do not, 20 years from now it will come up again. The facts are there and it seems a pity that our youngsters should be pudgy and soft, as so many of them are.

Thank you very much, indeed.

Senator **Bingaman**. Thank you very much, Mr. Chairman.

Senator **Pell**. We now come to the first panel, the Office of Comprehensive Health; Ms. Henderson, Mr. Watson and Mr. Gold, and I will recess the hearing for a moment as you come up to the table.

[Recess.]

Senator **Pell**. The Subcommittee will come to order. I would like to recognize at this time Ms. Alberta Henderson, who is Co-Chairman of the National School Health Coalition, and I would say that this panel is concerned mainly with the bill of Senator Bingaman.

I would remind the witnesses that they should try to limit their oral presentation to five minutes. The full text of their remarks will be printed in the record as if read.

Ms. Henderson?

STATEMENTS OF ALBERTA HENDERSON, COCHAIRMAN, NATIONAL SCHOOL HEALTH EDUCATION COALITION, WASHINGTON, DC; TOY F. WATSON, NATIONAL ASSOCIATION OF SOCIAL WORKERS, DIRECTOR OF PUPIL SERVICES, NEWPORT NEWS PUBLIC SCHOOLS, NEWPORT NEWS, VA; AND DR. ROBERT S. GOLD, AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE, DIRECTOR OF GRADUATE STUDIES, DEPARTMENT OF HEALTH EDUCATION, UNIVERSITY OF MARYLAND, COLLEGE PARK, MD

Ms. **Henderson**. Thank you.

Mr. Chairman, Members of the Subcommittee, my name is Alberta Henderson. I am Director of Consumer Affairs for the Pharmaceutical Manufacturers Association. I am appearing before you today in my capacity as Co-Chair of the National School Health Education Coalition, NaSHEC.

On behalf of NaSHEC's member organizations, please accept my thanks for allowing us to testify. NaSHEC has three very specific goals which could be addressed in the current Congress. Before outlining them, I will tell you a little more about NaSHEC.

NaSHEC is an organization with nationwide membership consisting of organizations representing health professional organizations, voluntary health agencies, health educators and the private sector. We have supplied the Subcommittee a list of our members.

Until recently NaSHEC has concentrated its efforts on bringing information on health education to educators and health professionals. However, because of our concern over the need for better health education. Some NaSHEC members have recently undertaken an advocacy program designed to bring our message to you. I am here representing those organizations.

Our basic message is simple: The nation needs comprehensive health education in every elementary and secondary school. The term "comprehensive health education" may be unfamiliar to the Subcommittee. Here is how we define it. Comprehensive school health education is a unified program of learning experiences with scope, progression and continuity from grades K-12. Such programs are delivered by teachers with preparation in health education. Curricula should be designed to develop critical thinking and individual responsibility for one's health. The dynamic relationship between physical, mental and emotional health is stressed. The goal is to teach students to avoid behavior which puts their health at risk and to engage in behavior which is healthy.

NaSHEC believes that all levels of Government involved in funding education should encourage comprehensive health education. At the Federal level, this translates into two basic goals.

First, the Federal Government should coordinate its own widely scattered efforts to foster health education. Currently 12 Federal agencies are operating school health programs with no formal coordination or focal point within the Department of Education.

Second, the Federal Government should encourage states and localities to put comprehensive school health education programs in place. The first step in doing this would be to remove barriers which prohibit funds for specific programs to be used for a comprehensive school health education curriculum. Removal of such barriers would strengthen the quality of health education received by this nation's children.

These two underlying goals led us to suggest four actions to you this morning. I will outline them briefly in priority order.

[1] Re-establish the Office of Comprehensive School Health. In response to the Health Education Act of 1978, the then Department of Health, Education and Welfare established in 1979 an Office of Comprehensive School Health. Between 1979 and 1981, when it was abolished by the current Administration, the Office served an important function in providing coordination and acting as a focal point for health education programs at the Federal level. Since 1981 there has been no visible effort at the Department of Education to perform this function.

I see that my time is up. I shall, of course, abide by your request and the rest of the testimony will appear in the record.

Senator PELL. I thank you. Your full statement will be put in the record, but would you just itemize the four points for my own information, the four recommendations?

Ms. HENDERSON. Yes. I can give them to you very quickly, just enumerate them, if you would like.

Senator PELL. Just tell me verbally now.

Ms. HENDERSON. Yes. The first you have heard. The second would be to support better school health education with Federal grants.

The third is retain Chapter 2 eligibility. We hope that we would be able to fall under one or more of the categories. And the fourth would be to encourage states and local education agencies to establish their own Offices of Comprehensive School Health.

[The prepared statement of Ms. Henderson follows:]

TESTIMONY BY ALBERTA HENDERSON
CO-CHAIR, NATIONAL SCHOOL HEALTH EDUCATION COALITION
BEFORE THE SUBCOMMITTEE ON EDUCATION, ARTS AND HUMANITIES
SEPTEMBER 18, 1987

Mr. Chairman, Members of the Subcommittee, my name is Alberta Henderson, I am Director of Consumer Affairs for Pharmaceutical Manufacturers Association. I am appearing before you today in my capacity as Co-Chair of the National School Health Education Coalition (NaSHEC). On behalf of NaSHEC's member organizations, please accept my thanks for allowing us to testify.

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Second, the federal government should encourage states and localities to put comprehensive school health education programs in place. The first step in doing this would be to remove barriers which prohibit funds for specific programs to be used for a comprehensive school health education curriculum. Removal of such barriers would strengthen the quality of health education received by this nation's children.

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We view the re-establishment of the office as a critical first step in strengthening federal health education efforts.

2) Support Better School Health Education with Federal Grants - A modest investment by the federal government can foster better health education by supporting innovative comprehensive health education programs at the state and local level which demonstrate the benefits of the comprehensive approach.

3) Retain Chapter 2 Eligibility - We understand the Subcommittee may give some consideration to narrowing eligibility for Chapter 2 grants to a limited number of categories. It is our hope comprehensive health education will fit into one or more of those categories.

4) Encourage States and local educational agencies to establish their own Offices of Comprehensive School Health - Through Chapter 2 or some other mechanisms, States and local educational agencies should be encouraged to give their departments of education the mission to foster comprehensive school health education.

NaSHEC applauds the leadership of Sen. Jeff Bingaman of New Mexico who recently introduced S. 1348, a bill which would accomplish our first two goals of re-establishing the Office of Comprehensive School Health and creating a small grant program. We appreciate the support lent this measure by Sen. Claiborne

Pell, Chairman of the subcommittee and by ________ other senators who are co-sponsoring the Bigaman bill.

We have also worked with some key Members on the House. We are particularly grateful to Rep. Dale Kildel (D-MI), who successfully sponsored an amendment to H.R. 5 authorizing the re-establishment of a coordinating office at the Department of Education.

Mr. Chairman, it is extraordinary how many major health issues are now before our children. Barely a day goes by when we don't hear of the need to educate our children about the dangers of AIDS, teenage pregnancy, smoking, and drug and alcohol abuse and about the potential benefits of healthy lifestyles. The best way to ensure our children achieve their fullest health potential is by providing them with high quality education.

The National School Health Education Coalition believes comprehensive school health education programs are essential to achieve that goal.

I thank you again for the opportunity to testify. NaSHEC looks forward to working with you.

Senator **Pell**. Thank you very much, Ms. Henderson.

Ms. **Henderson**. Thank you.

Senator **Pell**. Next is Mr. Toy F. Watson, National Association of Social Workers, Director of Pupil Services, Newport News Public Schools, Newport News, Virginia. Welcome.

Mr. **Watson**. Thank you, Senator.

First off, I am here representing the National Association of Social Workers. I am Chairman of the Commission on Education within that organization. NASW has over 100,000 members across the country.

Approximately 10 to 15 percent of our members work in public schools, and I am speaking on behalf of NASW and also supporting pupil services; pupil services being defined as non-instructional support services—guidance, social workers, nurses and others.

As Director of Pupil Services for a number of years, I have been administratively responsible for a number of support programs including school nurses, guidance counselors, psychologists and others, and I have seen a tremendous need for health services in the schools. I think some of the factors that have been made available through various studies that have been done indicate and support the need that this bill represents.

For example, there was a study which NASW put out last year—or in 1985—which cited teen suicide, substance abuse, teenage pregnancy and many other factors that impact on education. Let me suggest a few comments from that study and others: 24 percent of all of our children today live below the poverty line; we have the highest teenage drug abuse of any industrialized nation; the teen birth rate in the United States is twice that of any other western nation; and while teenagers represent only 18 percent of sexually active women, they account for 46 percent of out-of-wedlock births.

There are many other statistics and figures we could go into and I am not going to go into all of those today because they are available. Ninety-one percent of our high school seniors have used alcohol; 51 percent have used marijuana; 17 percent have used cocaine; and 30 percent of all young people in the age bracket 14–17 have suffered from some negative consequence of alcohol use.

Just as an aside, just yesterday I have a panic call from a parent about her 16-year-old alcoholic son, and we do not have educational programs to meet the needs of these youngsters in our schools. So I think that falls under the area of health education.

Preventive health education must include the curriculum and formal education that you find in the classroom. But it must also include those support services that will enable youngsters to benefit from the various resources that are available in our communities. We have to teach students not only about healthy minds and healthy bodies but we must demonstrate that we care about them by providing resources and support services to enable them to benefit from this education.

A comprehensive health education program is one that provides support services as well as curriculum information. We must help them develop personal habits and decision making skills to help them improve their self-esteem. One of the biggest factors in this study that was done by NASW, the leading factor was students with a low self-esteem, low self-concept. That is, as I see it, a health problem, although a mental health problem.

The teachers—particularly your health and physical education teachers—are frequently the front line of diagnosing and spotting problems. My staff gets numerous referrals from our PE teachers and health-ed teachers. The teachers need to be able to spot potential problems, to bring in early intervention.

Teachers are frequently the first ones to notice belt marks on kids, children who are abused. The teachers are the ones who find or hear of children who are molested or locked out of the house. We have a number of students in my area who are locked out—latchkey kids—because both parents are at work. We have a high transient population. We have a high military population—I am down in the Tidewater area—and our classroom teachers are not trained, nor should they be skilled, to deal with this, but the support services that I represent are.

So what I am advocating is the section of this bill that provides for funding for grants to provide these support services in mental health. The classroom teacher cannot instruct a student in a vacuum. It must occur in tandem with the support services that I have mentioned.

Pupil services has been defined in the School Improvement Act that was passed in the House this past May, and it defines pupil services as school counselors, school social workers, school psychologists and other qualified personnel. My personal commitment is to the pupil services team. While I am here today representing social workers, we must have a comprehensive team approach.

In summary of all of this—and I am trying to get through this in a hurry—it is very important that this bill pass and that we look at the need for health education. We would recommend that Section 4[c] be broadened by adding a reference to qualified pupil service personnel as participants in the programs for grants.

And one more comment on the bill that Senator Bradley just commented on. Our gifted students have an extremely high rate of emotional problems because of the pressures they are under and they also have an unnecessary high rate of dropout disproportionate to their numbers, so I think they should be looked at, too.

With that, I appreciate your time.

[The prepared statement of Mr. Watson follows:]

STATEMENT

ON

S.1348, THE OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION ACT OF 1987 AND S.303, THE JACOB K. JAVITS GIFTED AND TALENTED EDUCATION ACT OF 1987.

SUBMITTED SEPTEMBER 18, 1987

TO

SUBCOMMITTEE ON EDUCATION, ARTS AND HUMANITIES
COMMITTEE ON LABOR AND HUMAN RESOURCES
U.S. SENATE

BY

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS
7981 EASTERN AVENUE
SILVER SPRING, MD 20910

TOY F. WATSON, WITNESS
DIRECTOR OF PUPIL SERVICES
NEWPORT NEWS PUBLIC SCHOOLS
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CONTACT: SUSAN HOECHSTETTER
NASW LEGISLATIVE DIRECTOR
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Mr. Chairman and members of the Subcommittee: my name is Toy F. Watson, Director of Pupil Services in the Newport News Public Schools, Virginia. I am here today on behalf of the National Association of Social Workers. The Association has 110,000 members organized in fifty-five chapters, one in every state and in the District of Columbia, New York City, Puerto Rico, the Virgin Islands, and Europe. It is estimated that twelve to fourteen thousand social workers are employed in elementary and secondary schools and pre-school settings, and a far larger number work with the school-age population in community-based organizations such as family service agencies, mental health centers, clinics and hospitals, drug and alcohol programs, juvenile justice departments, etc.

As Director of Pupil Services in the Newport News Public Schools I have been responsible over the last nine years for a variety of programs and services including social work services, psychological services, guidance counseling and school nursing services, and alternative education programs for pregnant girls, truants and dropout recovery. I am also responsible for liasion between the school system and community agencies, particularly health, mental health, welfare and juvenile justice. Prior to coming to Newport News, I was Supervisor of school social work services in Richmond Virginia for ten years.

The National Association of Social Workers supports the concept of comprehensive school health education contained in S.1348 with its stated purpose "to encourage and support programs that prepare students to maintain their physical health and wellbeing and to prevent illnesses and diseases." We also particularly support the provisions in Section 4 b which permit grants to be used for programs dealing with mental and emotional health, substance use and abuse, family life education and development and aging, as well as more traditional topics in school health education.

We will present data on the significance of these aspects of health education and, based on our experience, make some recommendations for enriching the provisions in this bill.

Our society today is complex, and numerous changes in the family and in social conditions affect our children's health and their ability to learn in school. For example, a recent survey of American teachers by Metropolitan Life Insurance Company found that a majority of teachers believe that "latchkey" situations, where children are left unsupervised at home after school, are the main reason why students have learning difficulties. In 1985, NASW published a report "The Human Factor: A Key to Excellence in Education" which was one of the first to analyse the social and emotional factors which place undue stress on children's performance: factors such as child abuse and neglect, the latchkey phenomenon, teen suicide, substance abuse, teen pregnancy and many others. By 1987, the entire education community has come to acknowledge the significance of what they are now calling "children at risk" and the threat they pose to our society's economy and well-being.

Earlier this month the Forum of Educational Organizational Leaders made up of eleven major education organizations including the National Education Association, the American Federation of Teachers and organizations representing school administrators, principals, school boards, chief state school officers and parents, released a statement entitled "Meeting the Needs of Children and Youth At Risk of School Failure: The National Imperative." The statistics they quote indicate the following:

Twenty-four percent of all children live below the poverty line.

This nation has the highest rate of teenage drug use of any industrialized nation, with over sixty-one percent of all high-school seniors having used drugs.

The teen birthrate in the United States is twice that of any other western nation.

We can add that while teenagers represent only eighteen percent of sexually active women capable of becoming pregnant, they account for 46 percent of all out-of-wedlock births.

We can add further that according to a survey conducted by the Select Committee on Children, Youth and Families of the U.S. House of

Representatives, child abuse and neglect as reported to State Child Welfare agencies have increased steadily since 1976. Between 1981 and 1985, reports rose by 54.9% nationwide to reach a total of almost 1.9 million children from just over 1 million families (1,876,564 children: 1,090,969 families). In New Mexico there was an increase of 104.3% in child reports from 1981 to 1985, from 5904 reported cases to 12, 061.

According to the latest annual survey conducted by the National Institute of Drug Abuse, 91% of all high school seniors have used alchohol, 51% have used marijuana and 17% have used cocaine. An estimated 4.6 million adolescents or 30% of all young people aged 14 to 17 have suffered negative consequences such as car accidents or arrests because of drinking.

All these factors, as well as other barriers in the family and community and within the student and the school itself, can impede students' ability to learn and develop their potential to the fullest.

The ultimate detriment to good health is suicide. Until 1950 suicide among the young was relatively rare but since then the suicide rate for the 15 to 24 year age group has tripled to reach 12.5 per 100,000 of the population. Suicide is now the third leading cause of death for this age group, exceeded only by accidents and homicide. About 5000 young people kill themselves each year, and many more attempt suicide.

And now there is a new threat to the health and wellbeing of our youth: AIDS. Lee Strunin of the Boston University Medical School asserts that in less than five years Acquired Immune Deficiency Syndrome will become the leading cause of death among people aged 20 to 29 (quoted in NEA Today, September 1987, Vol. 6 No. 1, National Education Association). Thousands of these people are now in our schools and are through their behavior exposing themselves to infection with the AIDS virus. A recent study has revealed that AIDS is currently the third leading cause of death among women ages 15 to 19 in New York City.

Suicide and AIDS are dramatic examples of how merely providing information to students is not enough. Comprehensive and effective preventive health education must include imparting scientific data but it must also include services to students such as assessment, diagnosis, counseling and referral to community resources. To provide one without the other is to create an incomplete system.

We have to teach students not only about healthy minds and bodies but we must also demonstrate that society cares and that resources are available to help them with problems in their physical and mental health, their family life and their process of development.

In NASW's view a comprehensive program of school health education must provide services to pupils as well as curriculum. Because the goal is to enable students to maintain their overall health and wellbeing and prevent damage to their functioning capacity both in school and in later life, classroom instruction must be supplemented by opportunities to learn about themselves as people and by direct services. We must help our youth to develop personal habits conducive to good health; we must help them develop decision-making skills and a strong sense of self-esteem. These factors will then enable them to make the choices which will promote their health and their ability to cope with life's stresses and challenges rather than those choices which are self-destructive. We must provide support for pupil services personnel - school social workers, guidance counselors, school nurses and school psychologists - to work as a team with health educators.

Curriculum content in health education often involves sensitive material. The health educator needs special skill in identifying students who may reveal that they have personal experience of the conditions being discussed. Furthermore, a physical education instructor or coach is in an excellent position to detect evidence of problems such as child abuse, neglect or sexual molestation. For example, when a student dresses out for physical education, belt marks may be visible. It is that educator's responsibility to report the case, and the school nurse and school social worker should become involved. The social worker is able to facilitate referral to and collaboration with child protective services, contact with the parents, and later referral perhaps for therapeutic services at a mental health center or family service agency. He or she can also provide supportive services to ensure that the family is following through with treatment and act as a continuing liason with teachers if the child continues as a student in the school, consulting with them on how they can best assist the child's recovery from the trauma he or she has endured.

Because many health topics are sensitive and involve family issues, parental involvement is to be encouraged in programs to promote good health among students. In the 1987 Metropolitan Life Survey of American teachers quoted before, both parents and teachers reported feeling awkward about initiating contact with one another. More than half of the teachers surveyed said they felt uneasy about approaching a parent to discuss their child's problem. Social workers who are skilled in communicating with parents and in conducting interviews on home visits can therefore be very helpful in promoting parent participation in health education programs.

Comprehensive health education cannot involve classroom instruction alone. It must occur in tandem with the delivery of pupil services. The statement of the Forum of Educational Organization Leaders mentioned earlier in this testimony recommends the introduction of more extensive pupil services to meet the needs of children at risk. HR 5, the School Improvement Act of 1987 which passed the House in May makes provision for these services. That bill defines pupil services as follows: "The terms `pupil services personnel' and `pupil services' mean school counselors, school social workers, school psychologists, and other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic and other necessary services as part of a comprehensive program to meet student needs and the services provided by such individuals."

However, at the present time there is no office within the Department of Education which provides assistance to State and local education agencies in providing pupil services. In 1985, the National Alliance of Pupil Services Organizations, a coalition of national professional organizations whose members provide a variety of remedial, supportive and preventative services required to assist children to benefit fully from their education, wrote to the Secretary of Education requesting establishment of such an office but no action followed. The Office of Comprehensive Health Education proposed in this Bill would constitute a suitable location for a unit on pupil services with specialists in school nursing, school social work, school psychology and guidance and counseling.

In summary then: given the importance of comprehensive health education for all students and particularly in the context of children at risk, we therefore propose that pupil services in schools be included as part of the health education system, and that this Act provide for the establishment of a pupil services unit within the proposed office of Comprehensive Health Education in the Department of Education.

We also recommend that Section 4 (c) (2) be broadened by adding reference to qualified pupil services personnel as participants in programs for which grants are being sought.

As an indication of its commitment to health education in the fullest sense - including promoting good physical, mental and social well-being and providing the appropriate services for early intervention and prevention, NASW has this week released a position statement on AIDS and the schools. A copy is appended to this testimony (Appendix I).

We would be pleased to provide further information on this or other aspects of a comprehensive health education system to be promoted by an Office of Comprehensive Health Education in the Department of Education.

We note that this Sub-Committee is also hearing testimony today on S 303. In relation to the education of gifted and talented students we would like to draw attention to the fact that about half the 2.5 million gifted children in the United States encounter emotional problems such as depression, destructive perfectionism and underachievement and that intellectually gifted students make up a disproportionate percentage of school dropouts. These students too are in need of comprehensive school social work services, such as those provided at the Benjamin Franklin High School in New Orleans, Louisiana, a public high school for students with superior intellectual potential (see Appendix II).

We thank the sub-Committee for the opportunity to testify and we are pleased that you are focusing attention on these important issues.

NASW

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AIDS AND THE SCHOOLS

A Position Statement from the NASW Commission on Education

August 1987

The NASW Education Commission 1986-87:

Joyce Cunningham (PA)

Emilie Barrilleaux (LA)

Frances Caple (CA)

Al Flieder (IA)

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Consultants:

Caitlin Ryan ACSW
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Staff Director: Education Commission

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Acquired Immune Deficiency Syndrome (AIDS) is a growing threat to the public health in America. As of August 10, 1987, the Centers for Disease Control reported 40, 051 cases of AIDS of whom 715 (1.8%) were under age 20. The total number of reported deaths is 23, 165. AIDS is currently the third leading cause of death among women ages 15 to 19 in New York City. It is estimated that 1 to 1.5 million Americans are currently infected with the virus that causes AIDS - the Human Immunodeficiency Virus (HIV). By 1991, the Public Health Service has projected that the cumulative number of cases in the U.S. will total over 270,000, while the total number of deaths from AIDS will have reached over 179,000. Three thousand of the projected cases of AIDS are estimated to be among children.

AIDS is an infectious disease that is ultimately fatal in its end stage when individuals become susceptible to a broad range of unusual malignancies and rare infections. The virus that causes AIDS (HIV) is transmitted in three ways: through sexual intercourse (anal or vaginal); by the exchange of blood through sharing needles or drug paraphenalia; or by the exchange of contaminated blood or blood products, including transmission from mother to developing fetus. AIDS is not transmitted by casual contact. Adolescents are at particular risk of becoming infected with HIV and potentially developing AIDS through sexual activity and experimentation with alcohol and drugs which can affect judgement and behavior.

Statistics indicate that over 70% of teenagers have had sexual intercourse by the age of twenty, many with more than one partner. Nearly one-half--5 to 10 million--of all sexually-transmitted disease patients are under 25 years. The National Institute of Drug Abuse found in a 1986 study that 1.1% of U.S. high school seniors reported that they had used heroin. Runaways and teenage prostitutes are at particular risk, as are minorities of color. Nationally, 40% of all cases and 80% of pediatric cases are Black and Hispanic. Since developing a cure or an effective vaccine is still years away, education about risk reduction is our primary prevention strategy currently available.

AIDS Education in the Schools

The National Association of Social Workers' Commission on Education expresses its strong support for Surgeon General Dr. C. Everett Koop's policy recommendation that schools must play a major role in educating children and adolescents about the disease, its transmission and its prevention.

In the Surgeon General's report on AIDS published late in 1986, the Public Health Service called for information and education to change behavior as these are "the primary ways to stop the epidemic of AIDS" (p. 4). Citing adolescents and pre-adolescents as those whose behavior we wish especially to influence because of their vulnerability when they explore their own sexuality (heterosexual and homosexual) and perhaps experiment with drugs, the Surgeon General asserts that education about AIDS should start in early elementary school and at home. This affords parents the opportunity to discuss with their children their own moral and ethical standards, acccording to Dr. Koop.

NASW's Commission on Education offers the following guidelines for AIDS curriculum, instruction and counseling in schools:

1. In developing curricula and teaching materials, schools should provide for collaboration with parents, students and community groups.

2. AIDS curricula must be taught in the context of broader courses on sex education and family life education which stress that sex is one component of human relationships and that it has both positive aspects and risks.

3. AIDS education should begin in the 3rd grade and must be appropriate to the child's age and developmental stage.

4. From the 6th grade onwards, information must be explicit, including the transmission of the virus through homosexual and heterosexual sex and intravenous drug abuse, and practicing safe preventive sex through the use of condoms. Girls and boys must understand that intercourse can cause pregnancy or infection with a sexually transmitted disease, including AIDS. Sex with intravenous drug users and prostitutes can also cause infection with HIV and other sexually transmitted diseases.

5. The acquisition of sexual knowledge and understanding is a gradual and cumulative process. Many young adolescents do not know what their adult sexual preference will be or do not think that they could become addicted to drugs, particularly intravenous drugs. AIDS curricula should therefore continue throughout the secondary school years as the stage of behavioral exploration heightens and young people are confronted daily with decision-making options.

6. Special provision must be made to inform non-English-speaking students, students with low levels of literacy and students with handicapping conditions.

7. Dropout prevention and reentry programs should provide AIDS education and information.

8. Parent education and training should be provided to enable parents to discuss with their children accurate factual

information within the context of their own family values.

9. Because the goal is to affect or change behavior, instruction alone is not sufficient. Counseling students and parents about feelings, behavior and making decisions should be available to supplement factual information.

10. School social workers should be available to provide counseling and referral for more intensive mental health and social services to students and their families. AIDS has serious mental health implications. Young people faced with the knowledge that they have tested positive for HIV or have developed AIDS-related conditions face anxiety and depression from lack of accurate information, fear of social isolation, sickness, suffering and death. The peers and classmates of students with AIDS, their parents and school staff will feel anxiety and grief as the disease progresses. As the number of diagnosed adults increases, more children in school will be affected by AIDS in their families.

11. Staff training and case consultation when appropriate must be provided to teachers, administrators and pupil services personnel.

12. Schools should provide information on local and national resources such as AIDS information centers, hotlines, clinics, and other services.

13. Curricula should be modified over time as new information becomes available.

AIDS Policies in the Schools

NASW's Commission on Education supports the Surgeon General's recommendations regarding cases of children with AIDS in the schools. "No blanket rules can be made for all school boards to cover all possible cases of children with AIDS" he states.

None of the identified cases of AIDS in the United States are known, or are suspected to have been, transmitted from one child to another in school, day care or foster care settings. The Centers for Disease Control guidelines for workplace and school settings state that AIDS is not transmitted by casual contact. Routine safety procedures for handling blood or other body fluids, which should be standard for all children in schools, would be effective in preventing transmission of the virus from children with AIDS to other children in school. Moreover, a study of HIV-infected children with hemophilia attending school with non-HIV-infected children who participated in the same activities and interacted daily, determined that none of the non-infected children became infected with HIV.

NASW's Commission on Education therefore reinforces the guidelines developed both by the Surgeon General and the National Education Association which emphasize that each case should be considered separately and individualized to the child and the setting, as would be the procedure for any child with a handicapping condition. The Commission asserts that the child's emotional, social and family situation should also be considered in the decision-making process, after a home visit and assessment by the school social worker and involvement of the parents (NASW's policy guidelines are available to provide further details).

In planning to implement the Early Intervention Program for handicapped infants legislated by the Education of the Handicapped Act Amendment of 1986, State Education Agencies and collaborating agencies should provide for the needs of infants and toddlers with the AIDS virus. As of August 10, 1987 children under 5 formed 68% of all reported cases under twenty years of age. It is estimated that approximately 60% of the babies born to HIV-infected mothers will also carry the virus. Most of the infected babies will in time develop the disease and die. Pregnant women most at risk are intravenous drug users or the sexual partners of HIV-infected drug users, or the sexual partners of other men who are infected with the virus. The number of HIV-infected babies is also expected to increase.

IN SUMMARY

The NASW Commission on Education

1) Supports the Surgeon General's recommendations on full, accurate factual AIDS education within the schools.

2) Urges school social workers to seek continuing education on all aspects of AIDS including community resources and referral.

3) Recommends that school social workers

   - support and contribute to the development of AIDS curricula for students, parents and teachers in regular and special education.

   - provide information and counseling for students on AIDS issues and referral to appropriate community resources

   - collaborate with school administrators and special education directors in planning services to students infected with the AIDS virus and to the schools these students attend.

-provide case management as needed to facilitate and ensure comprehensive services for students and their families.

-offer guidance, consultation and accurate information to local school boards and parent groups

-develop in-service training programs and discussion groups for school staff

Appendix 2

Benjamin Franklin Senior High School

A college preparatory school • grades 9-12

719 South Carrollton Avenue
New Orleans, Louisiana 70118
(504) 861-4803

Margaret Wagner, Principal
Gail Shaltry and Ron Wegener,
Counselors

Description of School

Benjamin Franklin Senior High School was founded in 1957 as a public, coeducational, college preparatory school open to students of all races and creeds and of superior intellectual potential. A rigorous academic program is supplemented by extensive athletic, artistic, and forensic activities. Current enrollment is 728 students in ninth through twelfth grades, with 167 (107 female, 60 male) in twelfth grade. More than 99 percent of the seniors attend college.

Admission Requirements

A minimum IQ test score of 120; a highly successful academic record; a Composite score on the Metropolitan Achievement Test of 75th percentile for ninth and tenth grades and 95th percentile for eleventh grade.

Graduation Requirements

Students must complete a minimum of twenty-two (22) academic units, including four (4) in English, three (3) in mathematics, three (3) in science, three (3) in foreign language, three-and-a-half (3.5) in social science, two (2) in physical education, and three-and-a-half (3.5) in electives.

Grading System/GPA

Grades are given on a letter scale: A (93-100), B (85-92), C (75-84), D (70-74), F (below 70). Grade points ranging from 4 to 1 are assigned to the letters A through D, respectively. Academic courses are weighted as follows: honors courses, 1.1; gifted courses, 1.11; advanced placement courses, 1.12.

Class of 1987 Class Rank and GPA Correlation (September 1986)

GPA is computed over all courses taken in grades 9-11. 4.38 is highest possible GPA.

Class Rank	GPA
Top 20 percent:	4.31-3.74
Second quintile:	3.73-3.43
Third quintile:	3.42-3.13
Fourth quintile:	3.12-2.74
Fifth quintile:	2.73-2.48

Course Offerings (September 1986)

(H) Honors, (G) Gifted, (AP) Advanced Placement, (*) New courses this year.

Mathematics
3 units required
Algebra I (H) (G)
Geometry (H) (G)
Algebra II (H) (G)
Trigonometry/
  Advanced Math (H)
Calculus (BC) (AP)
Computer Science (H) (AP*)

English
4 units required
English I (H) (G)
English II (H) (G)
English III (H) (G)
English IV (H) (G) (AP)

Social Science
3.5 units required
Civics (H)
World History (H)
U.S. History (H) (AP*)
European History* (AP*)
Psychology (H)
Greek and Roman
  Civilization (H)
Russian History (H)
World Geography (H)
Sociology (H)
Free Enterprise (H)

Foreign Language
3 units required
French I-III (H)
French IV (AP)
Spanish I-III (H)
Spanish IV (AP)
German I-III (H)
German IV (AP*)
Latin I-IV (H)
Russian I-IV (H)

Science
3 units required
Physical Science (H)
Biology I (H)
Biology II (AP)
Chemistry (H)
Physics (H) (AP*)

Electives
3.5 units required
Art I-IV
Band I-IV
Orchestra I-IV
Speech I-II*
  Debate/Speech
  Drama
Journalism*
  Yearbook
  Newspaper
Fine Arts Survey
  Art
  Music

Advanced Placement

Ten AP courses were offered in the fall of 1986. Total enrollment was 150.

Of the members of the Class of 1986 who took the AP exams, 93 percent scored 3 or higher.

SCHOOL SOCIAL WORK SERVICES
Benjamin Franklin Senior High School
1985-1986

The following report describes School Social Work Services during the first school year in which they were provided at Benjamin Franklin Senior High School.

From August 29, 1985 through January 29, 1986, the social worker was assigned to Franklin High School only one day weekly or 1/5 time. Commencing in February, the assignment was increased (because of the intervention of the Parents Association and the Principal with the Superintendent) to three days per week or 3/5 time. The figures below apply to services delivered the 59½ days between 9/29/85 and 5/16/86 that the social worker was assigned to Franklin.

A total of 128 students received social work (SW) assistance during this period. This is 17% of the student body at Benjamin Franklin High School. One hundred-fifteen or 90% of the cases were accorded direct service to the student and/or parent(s). The remaining 13 cases were resolved by consultation with Franklin faculty, administrators, counselors, or staff at other agencies.

The problem situations called to the attention of the worker were varied as were the types of services offered. The majority of referrals involved problems in interpersonal relations. Parent-teen disagreements, boy-girl concerns, peer group disturbances, and student-teacher communications were the chief difficulties. In most cases, the overt problem was already influencing the student's academic achievement, attendance, behavioral adjustment, etc. to the detriment of the student.

Because of limited time at Franklin School, it was necessary to devise criteria to determine the nature and extent of the problem and the services needed. Two types of crises took priority. One could be resolved by immediate intervention at the school. The second required rapid referral to an outside resource; often to provide medical, psychological, and/or legal attention. Acute cases could be assisted with 3 or 4 interviews and involvement of parents, faculty, administration, etc. Short-term cases required several meetings--individually or in a group, while a few situations referred early in the term were extended intermediate term help with weekly meetings throughout the school year. Cases needing long-term, ongoing, regular treatment were referred for appropriate professional help.

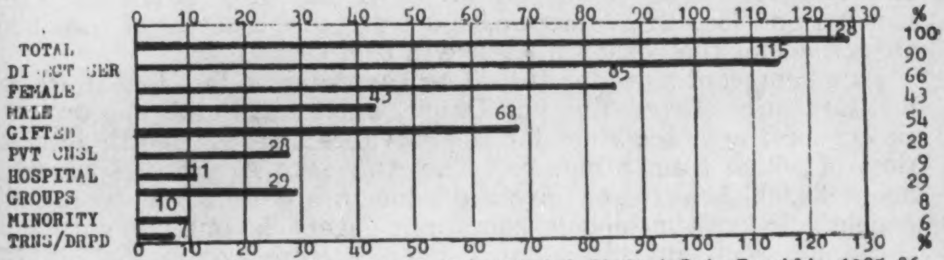
Serious crises included "immediate threat" problems such as psychosis, suicide attempts, suspected child abuse, clinical depression, runaway juvenile, etc. Less immediate, but still threatening were problem such as the physical or mental illness of a parent, suspected substance abuse, parental alcohol abuse, sex related concerns, family financial problems, and extreme "parental pressure for the student to succeed."

The nationally accepted figure is that one in ten (10%) of a given average population will need mental health services. The mass media and professional journals, however, have publicized the growing problems of adolescent suicide, drug abuse, runaways, and teen pregnancy. The experience this year shows that at this school, the student population has needs that exceed the national average.

School Social Work Services
Franklin High School 1985-1986
Page 2

The table below summarizes some significant information about SW cases this year.

Number/Characteristics Social Work Cases Served At Ben Franklin Sr. HS, 29August 1985 to 16 May 1986, 59½ Assigned Service Days



Number provided service is 17% of Total Student Body Franklin 1985-86..

As indicated by the table above, during 1985-1986, 28 students were actively engaged in counseling outside the school and 11 were hospitalized for emotional difficulties during the year. Seven students referred for outside services had not yet obtained them at the time this report was prepared. Included in these school social work services were 465 interviews with students, 105 parent interviews, and 482 consultations with faculty, administration, counselors, and others in the school system.

Early in the year, referrals were chiefly from the Franklin School counselors and administrators. Later, faculty, parents, and the students themselves sought SW services.

The social worker coordinated a small volunteer program that involved minimal "peer counselor" training for senior students who led discussion groups monitored by MSW social work volunteers. He also met with staff at several metal health facilities and attended Parent Association meetings.

The facts in this report clearly display the usefulness of a school social worker at Franklin. Next term, it will be unusual if teachers do not refer more students than they did this first year. Students have suggested that all freshmen have group services available to them early in the first semester during their Study Hall or P.E. periods. Parents have asked for groups focused on dealing with the "gifted" teen in the family and other topics. From the experience at Franklin High School this year, it seems clear that the school needs a professional school social worker even more than the 3/5 time now assigned.

Submitted by,

Jan Owen Harris
School Social Worker
May 1986

Senator PELL. Thank you very much. Next we have, American Alliance for Health, Physical Education, Recreation and Dance, Director of Graduate Studies, Department of Health Education, University of Maryland, College Park, Maryland.

Dr. GOLD. Good morning.

I appreciate the opportunity to talk with you this morning in support of the Office of Comprehensive School Health Education Act of 1987. As you said, I am currently Director of Graduate Studies at the University of Maryland and a professor of health education. In my past life I worked in the Public Health Service as Director of the School Health Initiative in the Office of Disease Prevention and Health Promotion, and I was also director of the 1990 Objectives for the Nation initiative in that Office.

I am representing today the American Alliance for Health, Physical Education, Recreation and Dance, which is an umbrella organization for the Association for the Advancement of Health Education, of which I am a member. The American Alliance represents about 35,000 health and physical educators nationwide, including people who work in schools, community agencies, public health settings, physical educators, dance people, recreation professionals. What we all have in common is a concern for the health and well being of Americans, particularly school age children.

You have a copy of my testimony, so I am not going to repeat what is in it but rather try and make several separate points and leave some time for questions. I would like to really make four points independent of my testimony that has already been submitted to you.

In 1984, the Centers for Disease Control and Office of Disease and Health Promotion collaborated on a national evaluation called the School Health Education Evaluation study. The results of that study indicated very clearly that comprehensive programs in schools—comprehensive health education programs—were far more effective than categorical programs.

Unfortunately, most of the Public Health Service programs and most of the Department of Education programs that currently exist are categorical programs rather than comprehensive programs. We see this as one of the important outcomes of the re-establishment of an Office for Comprehensive Health. As you know, that Office did exist. Unfortunately, it only lasted for a year the first time it did exist.

The second point, we identified more than 140 different funding programs in 40 different offices and 12 different executive agencies that are all putting money into categorical programs in the schools. We feel that this Act would go a long way toward establishing a mechanism for coordination and liaison that is so very important to make those programs more effective than they already might be.

The third point, with the current environment, particularly in the Department of Education, with the back-to-basics issue becoming such an important foundation, all I will ask is that you think about this as you consider this bill.

I think it is probably intuitively appealing to each of us to recognize that unless children are healthy and well-nourished they are not going to be the kinds of learners that we can teach computer ience, math and reading to. Now, we have growing evidence that comprehensive health education programs can improve the health status of school-age youth and therefore make them more effective learners in the classroom. We ask that you remember that as well.

Fourth, we do not want to see a program established in which the result is a national curriculum for everybody. We think that it is very important that the origin of most programs be conducted at the local level, coordinated at the local level, but that this office and this Act would provide funding to allow community involvement, development and support of those programs at local levels.

The American Alliance believes strongly that health education should reflect the needs of the community, not directed from a national or state capital. Due to Senator Bingaman's foresight, this bill mandates the involvement of community in any school health education project for which grant money is awarded, and we congratulate you on that provision.

In closing, I would like to thank you, Chairman Pell, as well as Senators Bingaman, Burdick, Conrad and Daschle, for introducing this very important piece of legislation. We think it is very important. We are available to provide any evidence that we can in addition to what we already have to provide support for that legislation and urge your support.

Thank you.

[The prepared statement of Dr. Gold follows:]

for health, physical education, recreation and dance

American Alliance *est. 1885*

1900 Association Drive Reston, Virginia (703) 476-3400

Testimony of the American Alliance

for Health, Physical Education, Recreation and Dance

before the Education, Arts and Humanities Subcommittee

of the Senate Committee on Labor and Human Resources

September 18, 1987

Dirksen Senate Office Building, Room 430

Chairman Pell, Senator Bingaman, distinguished members of the committee.

My name is Dr. Bob Gold. I am Director of Graduate Studies, and Professor of Health Education at the University of Maryland, College Park.

I am here today representing the American Alliance for Health, Physical Education, Recreation and Dance, the umbrella organization for the Association for the Advancement of Health Education, of which I am a member. The American Alliance represents about 35,000 health and physical educators nationwide. Our members include school, community and public health educators, as well as physical education, dance and recreation

● American Association for Leisure and Recreation ● Association for the Advancement of Health Education
● Association for Research, Administration, Professional Councils and Societies ● National Association for Girls and Women in Sport
● National Association for Sport and Physical Education ● National Dance Association

professionals. What we have in common is a concern for the health and wellbeing of all Americans -- particularly school aged children -- and a commitment which puts us in daily contact with Americans seeking to learn more about the nature and improvement of their own health. Poor health habits are the single biggest threat to health today. Medical advances in the treatment and prevention of disease have improved how we cure and cope with illness. But we remain our own worst enemy. Half of all deaths from the top ten causes of mortality in the United States are a result of lifestyle. A variety of health problems -- heart disease, lung diseases, substance abuse -- can be improved by a lifestyle which is based on the value of a healthy mind and body.

- One out of ten 12-13-year-olds currently drinks alcoholic beverages.
- Sixty-one percent of high school seniors have used illicit drugs.
- In 1984, there were almost 10,000 recorded births to girls under age 15.
- Although heart disease and cancer are increasingly being attributed to poor diet and lack of exercise, in 1985, only 12 states mandated nutrition as a core content area in school health education.

The place to start is with our children and youth. Comprehensive school health education teaches students the skills, attitudes and knowledge necessary for maintaining and improving their own health. There must be a commitment to educate our children to achieve and maintain their best personal health -- reaching all students at all grades. Such programs are best delivered by teachers with preparation in health education.

Comprehensive School Health Education provides:

1. information on crucial health issues--drug and alcohol abuse, teen suicide, cancer prevention, stress reduction;
2. an understanding of human growth and development--the importance of exercise for proper growth and development, proper nutrition;
3. consumer awareness of health services and products--how to read food labels, choose a physician, choose an insurance company;
4. opportunities to make decisions about health that lead to a sense of personal responsibility--the often disastrous effects of drinking and driving, the impact of smoking on physical development, lifespan and health;
5. knowledge of health and safety aspects of daily living--proper nutrition, use of seat belts, importance of poison control.

The "Office of Comprehensive School Health Education Act of 1987" would establish an office within the Department of Education to provide two main functions: to encourage and provide support to state and local comprehensive school health education programs; and to serve as a mechanism to funnel health education efforts of other federal agencies into the educational system. The American Alliance wholeheartedly supports both of these aims.

While the need to teach young people the value of a healthy mind and body are obvious, currently only about 20 states have a consultant in their state department of education specifically dedicated to school health education. The $20 million in grant money that this bill authorizes could help states hire a consultant to provide technical assistance to local educational agencies and help utilize federal health education materials in neighborhood schools where they can do the most good.

The funds could also be used to create school health education programs where none currently exist or to improve existing programs. Some school systems might hire a health educator assist elementary classroom teachers in developing quality programs for young children.

But the unique provision of this bill -- and one that we enthusiastically support -- is the provision for community involvement. The American Alliance believes strongly that health education should reflect the needs of each community -- not be directed from the national or state capitols. Due to Senator Bingaman's foresight, this bill mandates the involvement of the community in any school health education project for which grant money is awarded. We believe that this will encourage the community to be more involved in their childrens' educational system.

The second major provision of the bill -- to ensure coordination of federal health education efforts is equally important. Many federal offices, departments and agencies produce a variety of information aimed at informing people of pertinent health issues. The Office of Comprehensive School Health Education can put material, reflecting the latest research already developed by the federal government, in the hands of school health educators. A teacher in Cincinnati, preparing to teach a unit on the effects of alcohol on teenagers, will now look to the Office of Comprehensive School Health Education for complete information compiled by a variety of federal agencies such as the Department of Transportation, National Institute on Alcoholism and Alcohol Abuse and the Department of Health and Human Services.

I urge you to vote favorably for S. 1348, and include it in the Elementary and Secondary Education Reauthorization Act. A version of this bill has already been included in H.R. 5, the House version of the Elementary and Secondary Reauthorization Act.

In closing, I would like to thank you, Chairman Pell, as well as Senators Bingaman, Burdick, Conrad and Daschle for introducing this very important piece of legislation. We are poised, ladies and gentlemen, on the future -- and our children's health is at stake. Through good and sound comprehensive school health education programs, we can encourage today's students to reduce their risk of heart disease, diabetes, alcohol abuse and lung cancer; we can encourage them to live longer and healthier lives and be more productive and happier citizens.

Testimony given by
Robert S. Gold, Ph.D., Dr.P.H.
Professor of Health Education
Director of Graduate Studies
University of Maryland, College Park

Senator PELL. Thank you very much.

I have a couple of modest proposals and I was wondering what your reaction would be—which would improve the physical fitness of our students. I think now the custom is that if you live within half a mile of school, or if you have to walk more than half a mile you get a bus ride to school. Shouldn't we have a national policy that if you were over the sixth grade, that if you lived within two miles of school you had to walk, or if you were less than say within one mile?

What would be your reaction to that, Dr. Gold?

Dr. GOLD. As you know, in 1985 the Department of Health and Human Services delivered the results of the National Children and Youth Fitness Study of which you are very familiar. The National Children and Youth Fitness Study was the first national probability sample that in fact gave us evidence of exactly what you are saying.

Senator PELL. No, excuse me. I think this was done in the early 1960s.

Dr. GOLD. And there was another one. This was the first time it had been repeated since the 1960s on a national scale. There have been local and non-national probability samples done since the 1960s but nothing like what—

Senator PELL. Maybe I will still be here when they do it again.

Dr. GOLD. What we have found, in fact, is that health status has declined, and fitness status has declined in the 20 years since the 1960s, and that National Children and Youth Fitness Study gave us that evidence.

I think that the suggestion you are making is important, but the other thing that we have found is that in spite of the fact that it appears important that well-designed physical education programs in the schools could do something about that, less than 36 percent of all school-age children are in comprehensive and effective physical education and fitness programs. Fewer than half of the states mandate physical education programs in the country.

I think that your suggestion, along with some attention to state mandates and local implementation of state mandates, and effective support for effective physical education programs would help in that regard.

Senator PELL. Mr. Watson?

Mr. WATSON. You are just advocating that they walk to school to get exercise?

Senator PELL. Yes.

Mr. WATSON. I think it has merit, but in Newport News, for example, we are under a Federal bussing order, and Newport News is five miles wide and 30 miles long, so many of our youngsters have to ride 20 miles per day each way on a bus because of the bussing order. So that is a factor.

The other factor is, in many communities and many school systems they have to leave home before daybreak to get to school on time, so they would be walking in the dark in winter time. And many of the streets simply are not safe. We have a lot of street crime in urban areas. Urban school districts, particularly, have a tremendous problems with street crimes of children of all ages, and it is children against children.

So I think the idea is good, but in urban school districts there are a lot of other factors that would impinge on it.

Senator **Pell**. Thank you. Ms. Henderson.

Ms. **Henderson**. I do not know that our Association has a position on that particular question, Mr. Chairman, so I would rather not attempt to answer, if you do not mind.

Senator **Pell**. All right. Thank you.

Another thought that we should do something about—the junk food that is still sold to make money for the teams and athletic equipment, et cetera. Do you see that playing a real role here? Is there any way that that could be eliminated?

Dr. **Gold**. I see a couple of important points that have to be made in that regard. First, I would like to remind you that the Department of Agriculture and the Department of Health and Human Services have jointly released dietary guidelines for Americans. But because of some of the policies in the Department of Agriculture for supplementation programs and food programs for the schools, a large number of the foods most likely to be delivered by the Department of Agriculture to schools for school-age meal programs are the high fat, very low nutrient density foods that are in surplus, like cheeses and other kinds of things.

What we do not have as a result of some comprehensive health education program that really focuses on comprehensive from the standpoint of the school itself, or the district itself, is we do not have coordination between the classroom where the teacher is teaching about effective nutrition and the lunchroom where they pay no attention to the lessons being learned in the classroom, and the vending machines in the halls.

What we need is a comprehensive program—comprehensive not only for instruction but services and policy would address those issues.

Mr. **Watson**. I would only make just a general comment. We have become very sensitive to this and in our particular school district have gone out of the way to take the junk food machines and various things out of the schools and only put in machines and vendors that have quality foods. But one of the problems is your private enterprise people will come right across the street and set up just rows of junk foods stands, and how to keep the kids from going over there?

So I think another aspect of it is the need for community education and community support to some way or another curtail—when you build a new school in the community, the first thing that pops up around it is junk food stores. And I think that is another aspect. It is a total community problem.

Dr. **Gold**. If I may add one other thing, Mr. Chairman, about that. A growing trend in American schools today appears to be selling the lunchroom services as concessions, and because of that, the junk food vendors appear to be the most able to compete in certain areas of the country for those concessions. That is a trend that we ought to look for some way to reverse and I would urge you to consider that.

Senator **Pell**. Thank you. Ms. Henderson?

Ms. **Henderson**. This is an area that has been discussed among the members of NaSHEC and we pretty much agree with the observations and the statements of Dr. Gold, that it is a problem indeed.

Senator **Pell**. Well, I thank you for being with us, and I thank this panel.

We will move on now to the next panel. The next panel will be Ms. Edsal, Ms. Hovey, Dr. Frasier, Ms. Lukenbill and Mr. White. We will recess for a moment while you assemble.

[Recess.]

Senator **Pell**. The Subcommittee will come to order.

We have now with this panel, first, I welcome from Rhode Island, Ms. Edsal, and we are glad she is here; Ms. Judith Edsal, Coordinator for the Gifted and Talented Education from the Rhode Island Department of Education in Providence. Welcome, and maybe you would lead off, please.

STATEMENTS OF JUDITH M. EDSAL, COORDINATOR OF GIFTED AND TALENTED EDUCATION, RHODE ISLAND DEPARTMENT OF EDUCATION, PROVIDENCE, RI; SUE HOVEY, EXECUTIVE COMMITTEE, NATIONAL EDUCATION ASSOCIATION, TEACHER, GIFTED AND TALENTED, MOSCOW HIGH SCHOOL, MOSCOW, ID; DR. MARY M. FRASIER, PRESIDENT, NATIONAL ASSOCIATION FOR GIFTED CHILDREN, ASSOCIATE PROFESSOR, EDUCATION PSYCHOLOGY, UNIVERSITY OF GEORGIA, ATHENS, GA; NANCY LUKENBILL, GIFTED/TALENTED SPECIALIST, OFFICE OF PUBLIC INSTRUCTION, STATE CAPITOL, HELENA, MT; AND ALAN WHITE, STATE COORDINATOR OF GIFTED AND TALENTED EDUCATION, CONNECTICUT STATE DEPARTMENT OF EDUCATION, HARTFORD, CT

Ms. **Edsal**. Thank you very much, Senator.

Mr. Chairman and Members of the Education, Arts, and Humanities Subcommittee, thank you for the opportunity to speak about S. 303, the Jacob Javits Gifted and Talented Children and Youth Education Act of 1987, and to present its potential impact on Rhode Island.

You have written testimony before you that I will use as a guide in my remarks. Briefly highlighting some of the Rhode Island efforts in gifted and talented education, in 1979 the Rhode Island Legislature passed permissive legislation that was modeled after the 1978 Federal legislation. This was supported with $100,000. Presently, the permissive legislation is still in place and the funding has increased to over $500,000. All 40 local school districts in Rhode Island can participate in the Gifted and Talented program.

Presently, 37 of our LEA's are involved in our Gifted and Talented program. There are approximately 134,000 students in Rhode Island and in 1986, 5,200 of these students were identified and are being served in Gifted and Talented programs.

I would like to note that approximately 13 percent of our population is a minority population, but of the 5,200 students that are being served, less than 1 percent have been identified from the minority population.

On page 6 of my testimony, there is a chart that will tell you about the 5,200 children and what classrooms are receiving services. Seventy-five percent of these youngsters are in grades K–6, of the remaining 25%, 900 youngsters are being served in grades 7 and 8, and approximately 500 youngsters in grades 10–12.

The question that I ask is, what happens to the students after grade 6? Do they become ungifted? Or do they move out of the State of Rhode Island?

Of the 8,700 teachers that are in Rhode Island, about 280 of them are involved in Gifted and Talented direct services or program administration, and through the Office of Gifted and Talented, we do provide a wide variety of in-service education programs for them.

Pre-service education in Rhode Island is practically nonexistent. Presently students that are enrolled in teacher education programs in Rhode Island receive perhaps one to two hours of instruction about the needs and services of gifted and talented youngsters.

The average Rhode Island expenditure per pupil is about $3,900. The allocation per gifted and talented student is $38.50. This is less than 1 percent of our educational dollar going to support the future leaders of our country. The establishment of a national center will provide the needed leadership for Gifted and Talented research and development.

I would also like to tell you that Rhode Island is fortunate to have several other advocacy groups for Gifted and Talented. Dr. Earhart, our Commissioner of Education, has a 15-member Advisory Committee on Gifted and Talented. We also have two state organizations that provide newsletters, workshops and support groups for the area of Gifted and Talented.

The provisions of S. 303 will assist Rhode Island to strengthen its Gifted and Talented opportunities for children. In 1982, Rhode Island had the privilege of presenting testimony at the National Commission on Excellence in Education in Boston. A 15-member coalition for Gifted and Talented was organized. And this coalition was composed of people from the legislature, from education, parents and students.

I would just like to quote Rachel Christina, who at that time was a seventh grade student in Project Search, a program in our Bristol public schools: "It is not a special design, nor specific area of giftedness that I am advocating, but rather a basic educational right. It is the right of students to be granted an optimum educational learning experience. Programs for the Gifted and Talented provide this opportunity."

Thank you.

[The prepared statement of Ms. Edsal follows:]

TESTIMONY

OF

JUDITH M. EDSAL

COORDINATOR OF GIFTED AND TALENTED EDUCATION

FOR THE RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

FOR THE STATE OF RHODE ISLAND

ON

THE JACOB K. JAVITS GIFTED AND TALENTED CHILDREN AND YOUTH
EDUCATION ACT OF 1987

SUBCOMMITTEE ON EDUCATION, ARTS, AND HUMANITIES

UNITED STATES SENATE

SEPTEMBER 18, 1987

Mr. Chairman, Ladies and Gentlemen of the Education, Arts and Humanities Subcommittee of the Labor and Human Resources Committee. Thank you for the opportunity to present testimony on S-303, the bill that establishes a federal program to improve gifted and talented opportunities for elementary and secondary students.

S-303 will provide the necessary federal leadership and funding to assist the further development of Rhode Island's gifted and talented opportunities for students. The following will provide background about Rhode Island's gifted and talented opportunities.

Rhode Island Gifted and Talented Opportunities:

Prior to 1979, Rhode Island had a directive without funding, concerning gifted and talented educational opportunities. Following the 1978 federal gifted and talented law, the Rhode Island Legislature provided a similar, but permissive structure for gifted and talented education that was initially funded at $100,000. Presently, that legislation remains and funding has increased to $522,500.

The following chart is a capsule view of the status of gifted and talented opportunities in Rhode Island:

Status of Rhode Island Gifted and Talented Opportunities

Total number of local educational agencies	40
Total number of LEA's providing gifted/talented programs	37
Total K-12 student population	133,480
Total K-12 identified gifted/talented student population	5,250
Total K-12 Teachers	8,755
Total K-12 gifted/talented project directors and teachers involved in service delivery	203
Total average expenditure per student	$3,893.00
Total average allocation per gifted/talented student	$ 30.50

Rhode Island allocates $502,000 to all LEA's based on 10% of the previous year's student enrollment. LEA's accepting state funds then complete an application based on local needs, identification criteria, grade levels to be served, and program design. The following program descriptions illustrate the varied gifted/talented program opportunities:

LEA	PROJECT DESCRIPTION	GIFTED/TALENTED CATEGORY(IES) ADDRESSED
BRISTOL SCHOOL DEPT. PROJECT SEARCH	The program services identified students in grades four through seven in the areas of specific academic aptitude and superior intelligence. The instructional and administrative components are maintained by a full time coordinator/teacher and focus on critical thinking, scientific research, problem solving and creativity training inclusive of a synectic module.	General Intelligence Specific Academic Aptitude

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

NORTH KINGSTOWN SCHOOL PROJECT INDIVIDUAL DIFFERENCES, PROJECT EXCELLENCE	Project Exceptionally Ready: A training project For K-3 teachers throughout Rhode Island. Teachers will learn about PER's philosophy of gifted education, construct materials for use, and create lessons and materials based on PER units.	Creative Thinking; Specific Academic Aptitude.
PAWTUCKET SCHOOL DEPARTMENT PROJECT P.A.S.S. (Pawtucket Advanced Standing Students)	Project P.A.S.S. identifies academically talented students in grades 7-11 in one or more of the four major subject areas based on standardized achievement tests, I.Q., teacher recommendations and grades. Students attend enriched and accelerated classes differentiated by allowing for independent projects and personal interests. Teachers attend pre-service and curriculum workshops to prepare appropriate lessons and are allocated funds to purchase materials to support their instruction.	Specific Academic Aptitude.
PROVIDENCE SCHOOL DEPT. PROVIDENCE APPROACH TO GIFTED EDUCATION (PAGE): TALENT SEARCH IN THE ARTS	The program addresses the needs of both the identified academically talented students (grades 1-8) and the identified middle and high school students with art potential in the Providence System. The program services 260 students and incorporates an extensive screening process and opportunities to develop skills and talents through within-school and after school experiences. Project PAGE is serviced at two locations: The Flynn Elementary School and the Greene Middle School. Program Components include inservice assistance for staff; individualized educational programs; resource centers staffed by full-time teachers; a city-wide	General Intelligence; Visual, Literary or Performing Arts.

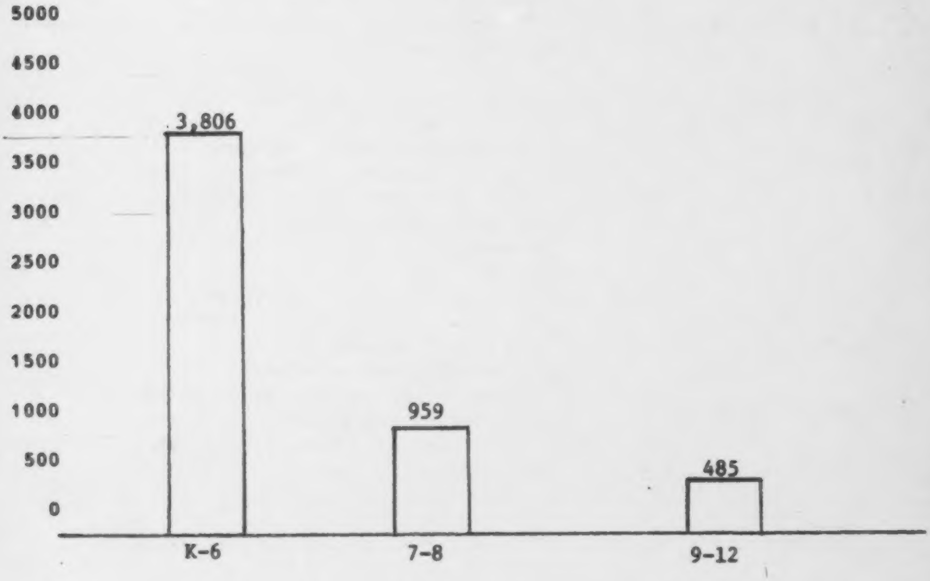
	resource teacher; specialized group and individual counseling services; central administration program coordination; a gifted education advisory council; and a school committee policy governing gifted education.	
WOONSOCKET SCHOOL DEPARTMENT PROJECT ASPIRE VI	ASPIRE students in Grade 7 receive training in videography and super 8mm animation by staff personnel. ASPIRE students in grade 9 are given independent film making opportunities and are taught 35mm photography including darkroom developing and printing techniques by staff personnel. At the high school level, ASPIRE students are offered sequential Advanced Placement courses: 1. Drawing and printmaking; 2. Style and imagery is accented, while assisting students to prepare portfolios. 3. Media photography and video.	Visual Literary or Performing Arts.

The majority of program offerings are for students in grades K-6.

We estimate that 13,345 students, or 10% of the student enrollment, could be gifted and talented. In FY86, state funded gifted and talented programs served 5,250 students.

The following chart clearly illustrates that 75% of the services were for students in Grades K-6.

NUMBER OF STUDENTS PARTICIPATING IN THE GIFTED/TALENTED PROGRAM FY86



Commissioner's FY 87 Gifted and Talented Initiative

During the 1987 Rhode Island legislative session in recognization of the need for gifted/talented programs at the secondary level, Commissioner J. Troy Earhart introduced legislation to develop math and science opportunities for identified gifted/talented students in grades 7-12. This initiative was supported with an additional $50,000 appropriation.

Rhode Island's 1979 legislation was amended in 1982 to include a fifteen member advisory committee reporting to the commissioner of education. This committee has taken an active role in improving gifted and talented education by supporting state and federal gifted/talented legislation, providing a network for gifted/talented education, and providing leadership through an annual conference on the emotional needs of gifted and talented students.

Rhode Island is fortunate to have two additional advocacy groups for gifted and talented education. They are the State Advocates for Gifted Education (S. A. G. E.) and The National Foundation for Gifted and Creative Children. Parents and educators have benefited from the newsletters, meetings, and conferences provided by these organizations.

S303 and Rhode Island

Proposed S303 will impact and strengthen Rhode Island's gifted and talented network and increase gifted and talented opportunities for students.

The establishment of a National Center will provide the needed federal leadership role for gifted and talented research and development. This additional funding will allow for documentation and dissemination of models that will benefit gifted and talented youngsters. The center will provide funding to research how we can identify students from all ethnic and minority populations.

An advisory council at the federal level will provide another network and assist in the direction and role of the Rhode Island Commissioner's Gifted and Talented Education Advisory Committee.

Additional funding at the state level will allow increase technical assistance to local educational agencies. Funding would be directed to encourage the development of programming at the secondary level. Increased funding would place an emphasis on providing gifted and talented opportunities at all educational levels (K-12) and for all identified gifted and talented students including those of ethnic and minority backgrounds.

Presently, Rhode Island provides inservice training opportunities with limited gifted and talented funding. During FY87, opportunities were offered and teachers/administrators participated. Pre-service education about the needs of gifted and talented students is practically nonexistent in Rhode Island. Students in Rhode Island teacher education programs receive approximately one to two hours of study regarding gifted and talented students. Federal funding will provide for training to address this need.

The above briefly describes how S-303 can provide leadership and funding to impact and improve gifted and talented education in Rhode Island.

In 1982, Rhode Island had an opportunity to make a presentation before the National Commission on Excellence in Education in Boston, Massachusetts. The Rhode Island Department of Education organized a coalition of 15 groups to support gifted and talented education. The membership of this coalition consisted of legislators, school personnel, parents, and students. The following is a quote from the testimony presented by Rachel Christina, a seventh grade student from Project Search, Bristol, Rhode Island:

> "It is not a special design, nor specific area of giftedness that I am advocating, but rather a basic educational right. It is the right of students to be granted an optimum educational learning experience. Programs for the gifted and talented provide this opportunity."

Senator Pell. Thank you very much, Ms. Edsal. Next is, Ms. Hovey, who is from the Executive Committee of the National Education Association, the NEA, and teacher of the Gifted and Talented from Moscow, Idaho.

Ms. Hovey. That is correct. Thank you, Mr. Chairman.

I appreciate the opportunity to speak with you on the need for Federal resources to enhance educational opportunities for gifted and talented students.

One of the most satisfying experiences of a teacher is the knowledge that each day you touch the lives of young people who will, in fact, shape the future. Nowhere is this more true than in a field where the students are clearly endowed with special abilities.

It is my good fortune as a member of the NEA Executive Committee to travel to states outside my own, and oftentimes I encounter those students whom I have taught before, and as a matter of fact, one of those young men is sitting in the back of the room. He was asleep, but he woke up. His name is Brad Fallon, and I am very, very proud of him. He is working as an intern with Representative Larry Craig.

But there is a danger in believing that because these young people are gifted, they are guaranteed success in life. Precisely because they are gifted, they are in some senses at risk. Many students have both the talent and the drive to challenge their energies in productive ways, but many others need to be challenged over and over again to keep that spark alive.

Moreover, it is estimated that as many as one-half of all gifted and talented students have not even been identified as such. Albert Einstein is, perhaps, the best known example of a person who as a student was considered slow. But the same person who had trouble with the 19th century equivalent of flash cards, almost singlehandedly opened the doors to the atomic age.

Not all students have the same abilities, the same learning styles, the same opportunities to learn and grow outside the classroom. Over the past three decades, with the assistance of the Federal Government, we have expanded opportunities for minority students, students with physical or learning disabilities, students with limited proficiency in English, and others. Today I ask your support for the programs to serve another deserving special population—the gifted.

Mr. Chairman, you were so right when you said that these are the students who will shape the future. We do not believe that they are any more important than any other population of students, but we do recognize the very special burden that they will have to bear as adults.

The NEA strongly supports the Jacob K. Javits Gifted and Talented Children and Youth Education Act, S. 303. We are pleased with the emphasis on providing resources directly to local school districts, and we believe teachers must have a major role in the design, implementation, and evaluation of these programs at every level.

Our nation needs a clearinghouse for research on identifying and teaching gifted and talented students. We should encourage innovation to meet special circumstances, but teachers and school districts cannot afford to spend valuable time in a constant effort to reinvent the wheel.

The proposed National Center for Research and Development in the Education of Gifted and Talented Children and Youth would be an efficient means of disseminating information, techniques and materials to help classroom teachers better serve the needs of these young people.

The processes which lead to creative thought in a student with a special aptitude for understanding complex mathematical concepts may be vastly different from those of a student who is able to express human feelings through the graphic arts. Consequently, these programs should include a broad range of activities which will enable us to respond to students' different behavioral patterns, interests, needs and learning styles. Nowhere is it a greater disappointment to see a student who has so much recognized potential and then to lose that student before he or she even reaches high school.

Programs and projects funded under S. 303 would foster creativity in teaching as well as learning by enhancing teacher education and developing model programs. I sometimes wish I could teach in Rhode Island. Our funding pattern in Idaho is not nearly as good, and locally it is poor too. We have an $8 million budget locally and less than $100,000 goes to fund Gifted programs.

In closing, let me say that in recent years there have been many invidious comparisons made between American schools and Japanese schools, but I simply want to say that they recognize that we do very well with creativity and individuality and we need to emphasize those abilities in our students.

Thank you very, very much.

[The prepared statement of Ms. Hovey follows:]

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LEGISLATIVE INFORMATION

TESTIMONY
OF THE
NATIONAL EDUCATION ASSOCIATION

BEFORE THE

SUBCOMMITTEE ON EDUCATION, ARTS AND HUMANITIES
OF THE
LABOR AND HUMAN RESOURCES

U.S. SENATE

PRESENTED BY
SUE HOVEY
GIFTED AND TALENTED TEACHER
MOSCOW, IDAHO

SEPTEMBER 18, 1987

MARY HATWOOD FUTRELL, President • KEITH GEIGER, Vice President • ROXANNE E. BRADSHAW, Secretary-Treasurer
DON CAMERON, Executive Director
(202) 822-7300

Mr. Chairman and Members of the Subcommittee:

I am Sue Hovey, a gifted and talented teacher at Moscow High School in Moscow, Idaho, and a member of the Executive Committee of the nearly 1.9 million-member National Education Association. On behalf of NEA, I appreciate the opportunity to speak with you today on the importance of programs in the public schools for gifted and talented students and the need for federal resources to enhance educational opportunities for this important segment of our school population.

One of the most satisfying experiences as a teacher is having the knowledge that each day you touch the lives of young people who will be instrumental in shaping the future. Nowhere is this more true than in a field such as gifted and talented education where the students are clearly endowed with special abilities.

But there is a danger in believing that because these young people are gifted they are guaranteed success in life. Precisely because they are gifted, they are -- in some senses -- at risk. Every parent or teacher of a gifted student knows the difficulty of feeding the voracious appetite these young people have for knowledge and experience. Many students have both the talent and the drive to channel their energies in productive ways. But many others need to be constantly challenged to keep the spark alive. Tragically, a significant portion of these students do not even complete their educations, but drop out, not because they could not keep pace, but because the schools could not keep pace with them.

We are still a long way from being able to effectively and consistently identify the gifted and talented. Albert Einstein is, perhaps, the best-known example of a person who, as a student, was considered slow. But the same person who had trouble with the 19th century equivalent of flash cards almost single-handedly opened the doors to the Atomic Age. It is estimated that as many as one-half of all gifted and talented students have not even been identified as such.

It is generally agreed that helping states and local schools provide equal educational opportunity is one of the primary responsibilities of the federal government. And yet, equal educational opportunity does not mean establishing programs that result in equal outcomes -- nor does it mean providing precisely the same curriculum, materials, student-teacher ratio, and other ''mechanical'' components of education.

We believe that equal educational opportunity means establishing programs for all -- programs that allow each individual student to realize his or her full potential. This goal is as essential for the gifted and talented as it is for handicapped, disadvantaged, and other special needs students served in federal programs.

Over the past three decades, a number of education programs in the public schools have been developed with the assistance of the federal government. With federal help, greater opportunities are now available for minority students, students with physical or learning disabilities, students with limited proficiency in English, and other students. Through these programs, with the help of federal resources, research, and model programs, we have made great strides.

It is essential to recognize that not all students have the same abilities, the same learning styles, the same opportunities to learn and grow outside the classroom. Extensive research has demonstrated the benefits of providing programs designed to meet the unique needs of disadvantaged, handicapped, and other special students.

Today, I come before you to ask your support for programs to serve another deserving special population -- the gifted.

NEA has long supported the development and maintenance of programs for gifted, talented, and creative students. These programs should include a broad range of activities to respond to students' different behavioral patterns, interests, needs, and learning styles. And we believe that teachers must have a major role in the design, implementation, and evaluation of these programs at the federal, state, and local levels.

NEA strongly supports the Jacob K. Javits Gifted and Talented Children and Youth Education Act, S. 303. In particular, we are pleased with the emphasis on providing resources directly to local school districts to establish and maintain gifted and talented programs, as well as grants to state education agencies and other institutions to provide technical assistance to schools and classroom teachers.

The modest investment of this proposed legislation -- with its emphasis on leadership, cooperation, and teacher training --

would help states and local schools resume the progress started in the late 1970s.

In 1978, with the enactment of the Gifted and Talented Children's Education Act, states and local school districts made great strides in the development of programs to address the needs of these students. But since funding for gifted and talented education programs was consolidated with 30 other programs into the ECIA Chapter 2 block grant, these students have not received the attention they deserve. It is estimated that nationwide only $10 million of the $500 million in Chapter 2 funds expended annually is devoted to programs for the gifted and talented -- that is, about $10 a year per student served, or $4 per eligible student.

Fewer than half the states now mandate programs for gifted and talented students. In many cases, local school districts and individual teachers have been left to their own devices to develop programs for gifted and talented students. There are many examples of outstanding gifted and talented programs throughout the country, but the need for educational programs to challenge these students is so great, both for the sake of individual students themselves and our nation as a whole, that we cannot afford to provide these programs on a haphazard basis.

Furthermore, while we should encourage innovation to meet special circumstances, we cannot afford to force each teacher and each school district to continuously reinvent the wheel. Our nation needs a clearinghouse for research on identifying and teaching gifted and talented students. The proposed National

Center for Research and Development in the Education of Gifted and Talented Children and Youth would be an efficient means of disseminating information, techniques, and materials to help classroom teachers and other education employees better serve these young people.

The creativity of a student with a special aptitude for understanding complex mathematical concepts is vastly different from the creativity of a student who is able to express human feelings through the graphic arts. Consequently we must provide educational programs that are diverse enough to meet a wide range of skills and talents so that our gifted students can flourish.

The majority of funds in S. 303 would be provided for programs and projects that would foster creativity through teacher training, by establishing model programs for gifted and talented students, and encourage educational institutions at all levels to provide technical assistance on an ongoing basis.

We support the provision that would assure that each year a portion of funds for this program are targeted to serve economically disadvantaged students. NEA is concerned, however, with the bill's set-aside for private schools. NEA believes that federal laws must be consistent with the Constitutional separation of church and state. Public funds should be spent for public schools; private funds for private schools.

In recent years there have been many invidious comparisons made between American schools and Japanese schools. But Japanese educators have high praise for the ability of American public schools to promote creativity and individuality. As a teacher of the gifted and talented. I believe we should build on this strength. Enactment of the Jacob K. Javits Gifted and Talented Children and Youth Act would help our nation to do that.

Thank you.

Senator PELL. Thank you very much, Ms. Hovey. As you know, your statement will be inserted in the record in full as if read.

Ms. HOVEY. Certainly.

Senator PELL. President of the National Association for Gifted Children and Associate Professor of Educational Psychology at the University of Georgia, Athens, Georgia.

Dr. Frasier.

Dr. FRASIER. Good morning, Mr. Chairman.

I am Mary Frasier, President of the National Association for Gifted Children and a professor at the University of Georgia. I am delighted to have this opportunity to testify on behalf of the over 6,000 members of the National Association for Gifted Children and also to represent the concerns of other organizations.

Before turning to the substance of the legislation before the Subcommittee and to a summary of the remarks that I have made in my prepared statement, I do wish to express my appreciation to you, Mr. Chairman, both personally and on behalf of NAGC, for you interest over the years in the education of the gifted and for your many efforts to encourage effective national action to strengthen education programs for the gifted.

I am here to repeat our collective concerns regarding our need for an effective national program for gifted education. A national program would be a very strong statement that we as a nation are indeed committed to the identification and appropriate education of our most intellectually gifted and talented Americans.

While such a commitment is very essential to ensure that at the state and local level people understand the seriousness of this quest for excellence in education, it is also representative of a commitment and a quest that far transcends the interest of gifted children themselves or of parents. It is a matter of profound national interest to our country.

As you know from previous statements, depending on the definition and standards to be used, there may be between 2.5 million and 5 million children in our elementary and secondary schools who would qualify as gifted and talented. A very small number of those students are currently being served in gifted programs. Of those who are in gifted programs, there are studies that indicate that as high as 90 percent are in programs that are not adequate to meet their special needs.

In addition, a disproportionately few of those students served in programs for the gifted come from economically disadvantaged populations. All of this collectively is truly a tragic situation and one that has potentially disastrous consequences for our country.

Thankfully, it is apparent that there is in the Congress a widespread understanding of these realities. It is especially gratifying that at least half the members of this Committee and of this Subcommittee have sponsored such legislation to rectify this situation, taking it that the real issue before the Subcommittee is not the desirability of Federal action but the form that such action would take.

I would repeat that the concerns and suggestions that have been given by the National Association for Gifted Children, the Council for Exceptional Children, and other organizations have been embodied in the legislation of S. 303 introduced by Senator Bradley from New Jersey.

We repeat and reinforce our concerns of the very great need for a national program that would allow for systematic training of teachers, improvement of the capacities of universities to do better research and provide a better information bases for programs, improvement of techniques for the identification, improvement of and provisions of technical assistance for curriculum development and program planning, and improvement of our abilities to provide for an exchange of information.

We would also reiterate the special emphasis on programs for disadvantaged and minority students. A national program would allow the opportunity for us to effectively pull together and take full advantage of a concentration of strength. We must concentrate the limited resources that are available in order to build the necessary infrastructure of professionally prepared people, research and knowledge of how to go about developing effective programs for the gifted.

In addition, a national program would help to expand the base of understanding and expertise. Without it this simply would not be possible. We can no longer as a nation continue to waste the minds of our children who have the potential to become our leaders of tomorrow.

Mr. Chairman, I have in the brief time that has been allowed me shared with you briefly the concerns that we have for the support of Senate Bill 303. I will be happy to answer any further questions.

Again, thank you for this opportunity to present our concerns.

[The prepared statement of Dr. Frasier follows:]

National Association For Gifted Children

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Statement of
Mary M. Frasier, President
The National Association for Gifted Children
to the
Subcommittee on Education, Arts and Humanities
of the
Committee on Labor and Human Resources
United States Senate

September 18, 1987

Mr. Chairman and Members of the Subcommittee:

I am Mary M. Frasier, President of the National Association for Gifted Children (NAGC) and an Associate Professor of Educational Psychology at the University of Georgia. My duties at the university include those of Coordinator of the Graduate Degree Program for the Gifted and Director of the Torrance Center for Creative Studies. I am delighted to have this opportunity to testify on behalf of the six thousand members of NAGC, comprised of college and university educators, state and local education agency personnel, classroom teachers, parents, and other citizens devoted to the expansion and improvement of education programs for our most gifted and talented children and youth.

Before turning to the substance of the legislation before the Subcommittee, I wish to express my appreciation to you, Mr. Chairman, both personally and behalf of NAGC, for your interest over the years in the education of the gifted, and for your many efforts to encourage effective national action to strengthen education programs for the gifted.

We desperately need an effective national program for gifted education, and we need to begin now. We need to make a national commitment to the identification and appropriate education of our most intellectually gifted and talented young Americans. Such a commitment is essential to ensuring that State legislatures and State education agencies, local school boards and school administrators, classroom teachers, parents, and school children themselves become serious about a quest for excellence in education. Such a commitment and such a quest far transcends the interest of the gifted children themselves, or of parents and educators concerned for them. It is matter of profound national interest -- to the United States.

There is an urgent and compelling need to improve the status of gifted education in this country. There are between 2,500,000 and 5,000,000 children in our elementary and secondary schools who -- depending upon the standards those schools would set -- would qualify as "gifted and talented" under the definitions used in the legislation before the Subcommittee. Less than half the lower number, and less than one-quarter of the higher, or only about one million children, currently are enrolled in any kind of special program for the gifted and talented. Of those who are in a program, studies indicate that as high as ninety percent are in programs that are not adequate to the special needs. This is truly a tragic situation, and one with potentially disastrous consequences for our country.

Of all the many misconceptions about gifted children, the two most common are that intellectually gifted students are easily recognized and that they can "make it on their own" without special help from specially trained teachers. The reality is that most of these children are never identified (schools do not even attempt such identification in the absence of a program), that they have a high dropout rate, that many of them perform scholastically far below the norm for their grade in school, and that they require special education conducted by specialists in gifted education. Thankfully, it is apparent that there is in the Congress a widespread understanding of these realities. In this 100th Congress, fully a quarter of the House of Representatives and one-third of the Senate has joined in sponsorship of bills to take Federal action to help correct this situation.

It is especially gratifying that at least half the members of this Committee, and of this Subcommittee, including members of both parties, have sponsored such legislation.

I take it that the real issue before the Subcommittee is not the desirability of Federal action in this field, but the form such action should take. NAGC and the Council for Exceptional Children, together with other organizations, have given a great deal of attention to precisely that issue. NAGC and CEC joined in preparing draft legislation for the consideration of interested Members in both the 99th and 100th Congresses. S.303, introduced by Senator Dodd of Connecticut and with bipartisan cosponsorship of over twenty Senators, including at least eight members of this Committee, embodies the draft legislation we have suggested.

S.303 is carefully drawn to address the fundamental deficiencies that today limit and impede progress in expanding and improving education for gifted and talented students. It would authorize a national program aimed at: training teachers and school administrators; improving the capacity of universities to produce the leadership needed to improve school programs for the gifted; creating a better research and information base for these programs; improving our techniques for the identification of gifted students (a matter of particular importance for minority and disadvantaged students who are most often overlooked and unrecognized); providing technical assistance for curriculum development and program planning; and providing for an exchange of information and assistance on a national basis. The bill placed special emphasis on programs for disadvantaged and minority populations, which is also a major concern of NAGC and The Association for the Gifted of CEC. These are the most pressing needs identified by the Council of State Directors of Programs for the Gifted in a recent study prepared for the Council.

The critical observation that must be made, which we hope will be the focus of this Subcommittee's considerations, is that we do not have the ability today to attack these deficiencies except through a national program that pulls together and takes full advantage of concentrations of strength in a limited number of universities and State and local school systems. We have to concentrate the limited resources available in this field in order to build the necessary infrastructure of professionally prepared people, research and demonstration findings, and knowledge of how to go about developing effective programs for the gifted, that is required to reach the position where effective programs can become available in schools all across the nation. Without such an expanded base of understanding and expertise this simply will not be possible. Accordingly, a great deal of the money and well-intentioned effort devoted to special programs for the gifted will be wasted. But the greatest waste of all will be the minds of children from all walks of life and from all cultural groups with exceptional ability and the potential to make vital contributions to our society. It is our considered judgement that Senator Bradley's bill is the best available legislative vehicle to accomplish the objectives of all those who have sponsored legislation for the gifted.

As the Subcommittee is aware, the House companion bill to S.303 has passed that body as a separate title in H.R. 5, the omnibus elementary and secondary education bill now before the Senate. NAGC urges the Subcommittee to include the text of S.303 in the Senate version of that legislation, thus ensuring its enactment by this Congress.

At the same time, we acknowledge with genuine appreciation the introduction of S.1004 by Senator Dole, and its cosponsorship by Senator Stafford, among others. While S.1004 would also authorize a small national program, its main thrust appears to be grants to the States with a 90 percent pass-through to local school districts. This is the most common form of Federal aid to education, and in most programs an effective one. But in the present circumstances of gifted education in which most State and school districts lack the basic resources of personnel and experience to run programs, we feel that a State-grant approach is premature and would not be effective. Still, our sense is that the sponsors of the bill were not committed to a particular form of aid, but, rather, to the proposition that we need to move forward now to provide appropriate education for gifted and talented children. Thus the sponsors of both bills have the same objective. We know that students with special needs have had no greater friend in Congress than Senator Stafford, and we are very grateful for his support in meeting the needs of gifted children.

I am anxious that what I am saying not be misunderstood. There are excellent and well-prepared professionals in gifted education in every State. Most are members of NAGC. There just are not enough such people in any State, and in most States there are too few to mount anything remotely approaching the extent of the program we need. This is true of the universities, the State education agencies, and most particularly the local school system. The professionals we have would be the first to tell you that their numbers must be increased substantially, and that they must have the other forms of support that S.303 would authorize. This will not be accomplished easily or soon, but it is critically necessary to begin this effort now, and in the most effective way we can devise.

Mr. Chairman, in the interest of time and to be as clear as possible in our recommendation, I have limited this testimony to a very general statement of the condition of the gifted education and our reasons for support of S.303. I will be happy to attempt to answer any questions the members of the Subcommittee may have, including ones that may go into more detail about these matters than I have included in this statement.

Again, the National Association for Gifted Children deeply appreciates the opportunity to present the views of the Association, and I am pleased personally to have this opportunity to meet with you.

Senator PELL. Thank you very much, Dr. Frasier.

We now come to Ms. Nancy Lukenbill, Gifted and Talented Specialist, Office of Public Instruction, State Capitol in Helena, Montana.

Ms. LUKENBILL. Thank you, Mr. Chairman.

I am Nancy Lukenbill, President of the Council of State Directors for Programs of the Gifted, representing the leadership of the 50 states and territories, Chairperson of the Coalition for the Advancement of Gifted Education, a body of 14 international and national organizations, and I am a Board Member of the Montana Association for Gifted Education and Specialist for the Office of Public Instruction in Gifted Ed for the State of Montana.

The parents, teachers and administrators and concerned citizens who make up these organizations are committed to recognizing and developing the gifts and talents of America's youth. I am here today representing these organizations in support of Senate Bill 303. This bill would provide necessary financial commitment to set forth gifted and talented education as a priority for this nation.

Mr. Chairman, the early Federal efforts which you have been a leader in, and also Senator Bradley, have been a major contribution to the growth of gifted and talented education programs in the nation. Prior to the Federal initiatives in 1979 and 1981, there were only 12 states committing more than $1 million for the education of gifted students. One year later, in 1982, there were 24 states who had committed $1 million or more to program development in gifted education.

There are now 48 state directors in a position in the states to assist with the implementation of this legislation.

Gifted and talented children, by virtue of their outstanding abilities, do require educational services that are not ordinarily provided in their regular classroom. These students need to be challenged to react to advanced materials and conceptual complexities which should be delivered in a unique way.

In the 1986–87, recently in print, "State of the States" survey, which was developed by the Council of State Directors, estimated that less than one-half of the gifted and talented population is being served in some particular capacity. Many are being served in minimal enrichment educational experiences.

Another study put forth by the Richardson Foundation revealed that there were promising practices in gifted education. "However"—I quote from June Cox—"efforts to improve education for our most capable students are fragmented and discontinuous."

It is apparent that the sustained development of model programs is paramount.

This Committee and the sponsors are to be commended for their recognition of gifted and talented who are as diverse as our national population. At present, minority, economically disadvantaged and handicapped students are severely under-represented in the programs.

The Mid-Atlantic Center for Race Equity at American University reported in 1980 that 27 percent of the total school population represented ethnic minorities, yet only 17.9 percent were identified as gifted students.

Another study in 1982 by Dr. Ken Seeley at the Clayton Foundation in Denver found that 16 percent of adjudicated youth, out of a study of 1,000, were gifted students. That is three times the normal population.

Another study just recently completed and is at press from Dr. Seeley at the Clayton Foundation of Denver showed that 37 percent of his 2,000 middle school population survey, at-risk students with high abilities, received grades of C or less in their grades.

The most shocking portion of this study was that as the segment of this portion that was Black and Hispanic who scored in the upper 5 percentile on a nonverbal intelligence test received the poorest grades on daily classwork and overall grades.

Handicapped gifted students also represent another at-risk group. We commend the authors and this Committee for their special efforts to include the search for gifted and talented characteristics in handicapped populations.

Chairman Pell, the shortage of teacher training programs and direct services to gifted students is a serious problem in our nation. The Office of Education indicated in the early 1980s that only one in five teachers was adequately trained. The Center for Educational Statistics recently reported that only 164 degrees were conferred out of our 2,029 institutions of higher education in gifted education.

One other major recommendation came out of a symposium this year with 70 educators meeting together to discuss the future of gifted education and indicated that there was complete support for the National Research and Development Center.

I do appreciate the opportunity to speak on behalf of those who are in the classroom today and would like to remind you, the Committee, and others who support gifted and talented students, that all students who started kindergarten this year will be the graduates of the year 2,000. Their contributions as leaders to the 21st century will be enhanced with your active support and passage of Senate Bill 303.

I appreciate your time.

[The prepared statement of Ms. Lukenbill, with an attachment, follows:]

Statement of

The Council of State Directors of Programs for the Gifted
The Coalition for the Advancement of Gifted Education
Montana Association for Gifted and Talented Education
Montana Office of Public Instruction

to the

Subcommittee on Education, Arts and Humanities
of the
Committee on Labor and Human Resources
United States Senate

with Respect to

The Jacob K. Javits Gifted and Talented Children
and Youth Education Act of 1987

September 18, 1987

Submitted by:

Ms. Nancy Lukenbill
President, Council of State Directors for Programs for the Gifted
Chairperson, Coalition for the Advancement of Gifted Education
Board Member, Montana Association for Gifted and Talented Education
Specialist, Gifted and Talented Programs, Montana Office of Public Instruction (406) 444-4422
Residence: Helena, Montana

MR. CHAIRMAN AND DISTINGUISHED COMMITTEE MEMBERS:

I am Nancy Lukenbill, President, Council of State Directors of Programs for the Gifted, representing the leadership from the 50 states and territories; Chairperson of the Coalition for the Advancement of Gifted Education, a body of 14 international and national organizations; Board member, the Montana Association for Gifted and Talented Education, and Specialist for Gifted and Talented Education, Montana Office of Public Instruction.

I am here today representing these organizations in support of Senate Bill 303, the Jacob Javits Gifted and Talented Children and Youth Education Act of 1987.

The parents, teachers, administrators and concerned citizens who make up these organizations are committed to recognizing and developing the gifts and talents of America's youth.

Senate Bill 303 will provide the necessary financial commitment to set forth gifted and talented education as a priority for this nation. This bill has three major purposes which we endorse:

1. To support programs at the state and local level, in the development of model projects and exemplary programs for the identification and education of gifted and talented children, and which will ensure the inclusion of economically disadvantaged individuals, individuals with limited English proficiency and individuals with handicaps;
2. To provide preservice training, inservice training and professional opportunities for teachers involved in the education of gifted and talented students; and
3. To establish a National Center for Research and Development in the education of gifted and talented students.

Mr. Chairman, the early federal efforts in gifted and talented education (PL 95-561) are to be applauded and have contributed to the current growth in gifted and talented programs across this country. Prior to federal initiatives in 1979-1981, only 12 states were committing $1 million or more to the education of their gifted and talented children. Just one year later, 24 states had committed $1 million or more state dollars for gifted and talented program development. In addition, 48 states now have state director positions to assist with the implementation of this legislation.

Gifted and talented children, by virtue of their outstanding abilities, require educational services and activities not ordinarily provided by the regular curriculum.

The 1986-87 State of the States: Gifted and Talented Survey Report, conducted by the Council of State Directors of Programs for the Gifted, estimated that only one-half of the gifted and talented population were being served in some capacity with expanded educational services. Many were served through minimal enrichment education experiences.

Another study commissioned by the Richardson Foundation revealed some promising practices in gifted and talented education, however, and I quote, "efforts to improve education for our most capable students are fragmented and discontinuous."

It is apparent that the sustained development of model programs is paramount. Senate Bill 303 provides a vehicle for this development.

This committee and the sponsors of this bill are to be commended for their recognition that gifted students are as diverse as our national population. At present, minority, economically disadvantaged and handicapped students are severely underrepresented in gifted and talented programs.

The Mid-Atlantic Center for Race Equity at American University reported that 27 percent of the 1980 total public school population represented ethnic minorities but only 17.9 percent of the identified gifted population were minority students.

A 1982 study conducted by Dr. Ken Seeley, University of Denver, found that 16 percent of adjudicated youth were gifted, which is three times the non-adjudicated population. Another study just completed by Dr. Seeley indicated that 37 percent of middle school students at risk, and with high ability, received "C" grades or lower. A shocking finding of this study shows that the Black and Hispanic population who scored in the upper five percentiles on an IQ test also received the poorest grades in daily classwork.

Handicapped gifted students represent another at-risk group. History provides ample evidence of the existence of handicapped gifted children from the biographies of Huxley, Einstein, Keller, among others in all fields of endeavor. We commend the authors and this committee for special efforts to include the search for gifted and talented characteristics among the handicapped population.

Chairman Pell, the shortage of teacher training programs and direct services to gifted and talented students is a serious problem in our nation. The U.S. Office of Education in 1981 estimated only one in five of the teachers currently teaching gifted and talented children in special programs have adequate training. The Center for Educational Statistics reported in 1986 that 23 of the 3,029 institutions of higher education awarded a total of only 164 degrees in the Education of the Gifted and Talented. Today, the regular class teacher is expected to educate our brightest students without adequate educational preparation. Senate Bill 303 will provide teachers with the opportunity for receiving the necessary training.

Presently, a void exists in the representation of the national agenda for gifted and talented education. In February of this year, 73 educators, policy makers and concerned individuals gathered for a Symposium on the Future Direction of Gifted and Talented Education. A major recommendation of the symposium was to support a national research and development center. This center would focus on policy--to put research into practice and to be a catalyst for model projects and exemplary programs.

In addition, a research and design center for gifted and talented education would assist government, community agencies, as well as business and labor, in improving quality and equity in educational programs.

I appreciate the opportunity to speak on behalf of those who are in classrooms today and remind all of you that the children who entered kindergarten this fall will be America's high school graduating classes in the year 2000. Their contributions as leaders of the 21st century will be enhanced with your active support and passage of Senate Bill [illegible].

[illegible]

Nancy Lukenbill, Chairperson (CAGE)
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STEERING COMMITTEE - 1987

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Senator Pell. Thank you very much, Mr. [illegible]. Now we come to Dr. Alan White, State Coordinator of Gifted and Talented Education, Connecticut State Department of Education, Hartford, Connecticut.

Dr. White. Thank you, Mr. Chairman.

I am Alan J. White, Coordinator of Gifted and Talented Programs for the Connecticut State Department of Education. I am honored to have this opportunity to give testimony regarding Senate Bill 303, the Jacob K. Javits Gifted and Talented Children and Youth Act of 1987.

Connecticut is in favor of this legislation and is especially pleased that Senator Dodd is a cosponsor of the bill. This morning I would like to explain first in a general way why we are supporting the legislation and then show how specific aspects of this bill will benefit gifted and talented students.

We in Connecticut are fortunate in having two Senators, Christopher Dodd and Lowell Weicker, who are staunch advocates for meeting the needs of special populations, handicapped and gifted and talented students. Connecticut was one of the earliest states in the nation to give statutory recognition to gifted and talented students and to encourage programming for them.

For 20 years our State has required local districts to identify their gifted and talented students and has partially reimbursed local programs. However, programs for these students are not yet mandated. Currently 101 out of the 166 cities and towns offer some programming. However, with few exceptions, these programs are not available at all grade levels.

Only about half of our approximately 13,000 identified gifted and talented students have access to appropriate services to meet their special needs. The availability of supplementary Federal funds would increase the number of students served and programs offered.

Connecticut sees this issue as part of the larger equity issue which began two decades ago with legislation to protect the educational rights of exceptional children with handicaps. Equity demands that all properly identified exceptional students, including the gifted and talented, receive appropriate services, regardless of income or geographic location. The receipt of appropriate services should not be a function of the relative wealth of the community in which a student resides.

It is for this reason that Connecticut would welcome Federal legislation in this area. Senate Bill 303 will be a great help at the state and local levels. Not only will it complement and support existing state efforts with new money, but perhaps more importantly, it will have a tremendous psychological effect by showing that the Federal Government is endorsing a commitment to ensure that gifted and talented students receive services. It will have a multiplier effect because it will give a signal to states and local schools to move ahead in an area of high national priority.

Senate Bill 303 contains some specific components which also deserve comment. One aim of the bill is to establish model projects and exemplary programs. The last time there was Federal funding to support this Connecticut was fortunate to be the home of one of the local model projects. Not only was the project highly successful in providing services to an under-served population, urban disadvantaged gifted and talented students, but the project also developed a highly effective non-traditional assessment technique which our state is now promoting for wider use. Without Federal funding, very few states or local school districts will be able to operate model projects such as these, which would contribute so much to the practice in the field.

Another specific aim of this legislation is pre-service and in-service training, including the training of leadership personnel. I would like to underscore the need for coordinated efforts to train a rising generation of leaders.

The last specific area that I would like to comment on is the proposed establishment of a National Center for Research and Development. I believe it is very important that there be a national research center responsive to the needs of practitioners in the field. Although there have been many extremely worthwhile contributions made by scholars following their own research inclinations, it would be of immense value to have a national center responsive to the practical problems and grass-root issues of practitioners.

Finally, I urge you to act favorably on Senate Bill 303. Gifted and talented children are our best hope for the future. If America is to continue to be a world leader, we must nurture excellence.

Thank you.

[The prepared statement of Dr. White follows:]

STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION

STATEMENT REGARDING SENATE BILL 303
THE JACOB K. JAVITS GIFTED AND TALENTED CHILDREN AND YOUTH EDUCATION ACT OF 1987

Before
The Senate Labor and Human Resources Committee
Subcommittee on Education, Arts and Humanities

CONNECTICUT DEPARTMENT OF EDUCATION STATEMENT
PRESENTED BY

Alan J. White
Coordinator of Gifted and Talented Programs
Connecticut Department of Education

September 18, 1987

Box 2219 • Hartford, Connecticut 06145
An Equal Opportunity Employer

Mr. Chairman, I am Alan J. White, Coordinator of Gifted and Talented Programs for the Connecticut State Department of Education. I am honored to have the opportunity to give testimony regarding Senate Bill 303, the Jacob K. Javits Gifted and Talented Children and Youth Education Act of 1987.

Connecticut is in favor of this legislation and is especially pleased that Senator Dodd is a co-sponsor of the bill. This morning I would like to explain first in a general way why we are supporting the legislation and then show how specific aspects of this bill will benefit gifted and talented students.

We in Connecticut are most fortunate in having two Senators, Christopher Dodd and Lowell Weicker, who are staunch advocates for meeting the needs of special populations, handicapped and gifted and talented. Connecticut was one of the earliest states in the nation to give statutory recognition to gifted and talented students and to encourage programming for them. For twenty years, our state has required local school districts to identify their gifted and talented students. However, programs for these students are not yet mandated. This year Connecticut will provide approximately eight to nine million dollars as part of our special education grant program to partially subsidize the cost of gifted and talented programs provided by local districts. Currently 161 out of 169 cities and towns offer some programming. However, with few exceptions, these programs are not available at all grade levels. Only about half of our approximately 18,000 identified gifted and talented students have access to appropriate services to meet their special needs. The availability of supplementary federal funds could possibly increase the number of students served and program offerings.

Connecticut sees this issue as part of the larger equity issue which began two decades ago with legislation to protect the educational rights of exceptional children with handicaps. Equity demands that all properly identified exceptional students, including exceptional gifted and talented students, receive appropriate services regardless of income or geographic location. The receipt of appropriate services should not be a function of the relative wealth of the community in which a student resides.

It is for this reason that Connecticut would welcome federal legislation in this area. Senate Bill 303 will be a great help at the state and local levels. Not only will it complement and support existing state efforts with new money, but perhaps even more importantly, it will have a tremendous psychological effect by showing that the federal government is becoming a participant in seeing that gifted and talented students receive services, thereby signaling states and local schools to move ahead in an area of high national priority.

Senate Bill 303 contains specific components which also deserve comment. One aim of the bill is to establish model projects and exemplary programs. The last time there was federal funding to permit this, Connecticut was fortunate to be the home of one of the local model projects. Not only was the project highly successful in providing services for an underserved population, urban disadvantaged gifted and talented students, but the project also developed a non-traditional assessment technique which our state is now promoting for wider use.

Without federal funding, very few states or local school districts will be able to operate model projects such as these, which will contribute so much to the practice in the field.

Another specific aim of this legislation is pre-service and in-service training, including the training of leadership personnel. I would like to underscore the need for coordinated efforts to train a rising generation of leaders in the field. Also to be commended is the aim of strenghtening the capability of state educational agencies to provide leadership and assistance.

The last specific area I would like to comment on is the proposed establishment of a National Center for Research and Development. I believe it is very important that there be a national research center responsive to the needs of practitioners in the field. Although there have been many extremely worthwhile contributions made by scholars following their own research inclinations, it would be of immense value to have a national center responsive to the practical problems and grass-root issues of practitioners.

Finally, I urge you to act favorably on Senate Bill 303. Gifted and talented children and youth are our best hope for the future. If America is to continue to be a world leader, we must nurture excellence.

Senator PELL. Thank you very much. I particularly like this bill. I also have a sentimental feeling about it because Senator Javits was a very close friend and one of his many services to the country was the introduction of this legislation. I would like to announce that I want to be added as a cosponsor of this important legislation.

Now, Ms. Hovey, I was struck by your reference to Albert Einstein who was considered a slow student. I understand the identification of these students is often the greatest challenge.

Could you describe the method you use for identification? And I would be interested in the reaction from all of you. How do you identify those who are qualified to be considered gifted and talented.

Ms. HOVEY. Locally we have a process under which we have five criteria, and a student who is enrolled in the gifted and talented program must in fact meet three of the five. I will tell you right now that we have tremendous frustration when we deal with the criteria because they are very specific, and we know that we lose able students because they are so specific.

We have an IQ test; we have an achievement test; we have a recommendation, which will either come from a teacher or an expert in the field in which the student has shown giftedness and which can be locally met within the school district, i.e. art, music, interest locally in the school district; we also have a component which would allow program enrollment for a student who is particularly creative or has a high special interest in one academic area, and we are glad we do because what that does is to allow us to enroll students who may not in fact meet other criteria; and then last, but not least, we take the recommendations from the student himself or herself or the parent or other teachers.

And so as long as the student meets three of the five of those criteria, then the student can be formally enrolled in our local program. There are those who say that an IQ score must reach a certain breaking point before the student should be enrolled, but those of us who are teachers in the program really do back away from that because we feel that it is artificial and it serves to deny students service rather than enhance it.

Senator PELL. Are there any other thoughts that any of you have as to what the criteria for judging whether a student should be in this program?

Dr. FRASIER. I would like to reinforce some of the things that Ms. Hovey has said and also talk about identification criteria from a teacher training point and how strongly we try to get people trainee to use both qualitative and quantitative data. We feel that while indications of above average ability as are represented by scores on tests is certainly one part, there also are many other criteria, as she has indicated, that we use to identify gifted students.

For an example, while an IQ test will tell you the extent of one's vocabulary, through performance demonstrations we can assess a student's ability to use words. The sine qua non of giftedness is one's ability to use words, to use thoughts, to use ideas, not just knowing facts and having a large vocabulary.

Dr. WHITE. The only thing that I would like to underscore really is some of the observational techniques that are being used. I am proud to say that Connecticut has led in what I would call activity-based assessment; that is, doing activities with students which would elicit gifts, talents, creative abilities, exceptional abilities of various sorts.

We found in the model project that I referred to and at work that is done at the University of Connecticut, that the technique assists us in locating gifted children who may "bob to the surface," so to speak, through the use of these activities. In this way it supplements the standardized tests.

Senator PELL. Thank you. Ms. Edsal?

Ms. EDSAL. Yes. In Rhode Island, I indicated that our legislation is permissive. We do not mandate how to identify students. We allow each district to identify the youngsters, but our regulations indicate that they must use at least three different selection criteria and that no one selection criteria exclude any child from the program.

So this just reinforces the statement that you have just heard.

Senator PELL. Ms. Lukenbill?

Ms. LUKENBILL. I would like to agree with the rest of the panel, but I would also like to expand that in the State of Montana we do have programs that are set up—because we have a very large native American population—that we do expand our identification techniques and strategies beyond the normal IQ instrument, achievement scores, check sheets and things of that nature.

We do have three programs in Montana that are actually sponsored by districts and our office, but that are tribal oriented as far as their local identification procedures are concerned. Therefore there are possibilities that with in minority groups you would be gifted in a category other than what we perceive as the five majority categories. So we may have a gifted hunter and that would be designed and determined by local tribal policy.

We also do have identification procedures for handicapped categories. In fact, one of our profoundly deaf students is also highly gifted and was probably one of our key factors in the funding of our gifted program with the testimony that he gave in the Senate.

So we do have procedures that are both nonverbal and verbal that will assist in identifying diverse populations.

Senator PELL. Thank you.

Yes, Ms. Hovey?

Ms. HOVEY. One of the aspects of this bill that I find particularly exciting is the part that would allow for local projects where the grant would be made to the local district, because I know, should this bill pass and should that be a part of it, I intend to apply for a grant and I will want to use it to determine what sort of potential a student should exhibit who would in fact sometime have leadership capacity.

I think that is one of the areas that we really do not do very well with. So I am delighted that that is in the bill, that it would be a local project, and I would hope that there would not be any matching funds requirements attached, because were I to apply, it would have to go to my district director of Special Education who could say, well, that may not be my priority for where we will spend the district's money, and so that is really a good idea.

Senator PELL. Thank you.

I think that the general average of the dropout population in our country is about 25 percent.

Ms. **Lukenbill**. Right.

Senator **Pell**. Does anybody disagree with the thought that a relative equal number of gifted and talented drop out?

Ms. **Lukenbill**. Within the general population. We really can look at the average population of gifted students dropping out at the same rate as non-gifted students.

Senator **Pell**. Does anybody disagree with that?

Ms. **Hovey**. No.

Ms. **Edsal**. No.

Ms. **Lukenbill**. No.

Dr. **Frasier**. No.

Dr. **White**. No.

Senator **Pell**. Good. Thank you.

Now, another question, and maybe Ms. Edsal knows the answer. What is the percentage of people who are in jail—in the adult correctional institution in our state—who are gifted and talented? Do any of you have any views on this?

Ms. **Edsal**. I do not have any statistics on that.[1]

Senator **Pell**. It would be very interesting if you could find that out at the ACI, I think.

Ms. **Edsal**. Yes.

Senator **Pell**. Ms. Lukenbill?

Ms. **Lukenbill**. In the State of Colorado they have done a study of Colorado State inmates and they found that 9 percent of adults in the Colorado prison in their study were gifted.

Senator **Pell**. What was that again? 90 percent?

Ms. **Lukenbill**. Nine.

Senator **Pell**. Nine percent. What would be the average in the population as a whole? In other words, the 9 percent, where does it stand relatively to the population?

Ms. **Lukenbill**. That was one study. I do not know how many studies have been done.

Ms. **Edsal**. Senator, although I do not have any statistics, last year at a State hearing on Gifted and Talented Education, there was a man who was there to speak on behalf of another bill, but he came forth to support the Gifted and Talented bill. As a high school student, he had been very gifted and talented but was not identified and was not receiving programs within the school district.

He wound up being incarcerated and spent time at the ACI He felt that it was necessary for him to come forth and make testimony to support further State legislation for gifted and talented. But I will research to see if we can find those statistics.

Senator **Pell**. Does anybody know the general figure that we would have on a national basis, what percentage of our young people are actually gifted and talented? Ms. Hovey?

Ms. **Hovey**. Well, of course, it depends on one's definition of gifted and talented. Those figures will run anywhere from 5 percent to as high as 10 to 12 percent and in some instances even higher, if you include within those figures those students who have high ability but who would not under State criteria or local criteria be identified as gifted. So they can run considerably higher than one would ordinarily assume they would be.

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[1] Information regarding the statistics at the Rhode Island Adult Correctional Institution are not available at this time. Judith M. Edsal, Specialist III, OFFICE OF GIFTED AND TALENTED.

Senator PELL. Well, I thank you all very much indeed for being with us. It is a good bill and we will do our best.

I would also, without objection, ask that the record be kept open for any statements from any of our colleagues and for any additions that you might like to offer.

[Additional material supplied for the record follows:]

The American Heart Association respectfully submits the following comments in support of S.1348, the Office of Comprehensive School Health Education Act of 1987.

Founded in 1924 by a group of cardiologists who wanted to share and disseminate information about a then undeveloped field, cardiovascular medicine, the American Heart Association is the only voluntary agency in the United States devoting all of its human and financial resources to one goal: the reduction of premature death and disability caused by heart attack, stroke, and other blood vessel disease.

The more than two million volunteers that now comprise the American Heart Association share the commitment of the organizations's founders. We know that, despite dramatic improvements, cardiovascular disease remains our nation's number one killer. In 1984 alone, heart and blood vessel disease claimed the lives of nearly one million Americans -- almost as many deaths as were recorded from cancer, accidents, pneumonia, influenza, etc, combined.

Though cardiovascular disease may manifest itself in a variety of different manners, the most common form of the disease is atherosclerosis. This coronary disease, otherwise known as hardening of the arteries, was the leading cause of the 695,400 heart attack and stroke deaths that occurred in 1984.

Atherosclerosis is the result of an accumulation of fat, cholesterol, fibrin (a clotting material found in the blood), cellular waste products, and calcium on the inner walls of the body's arteries. The build-up of these substances causes the arteries to harden and constrict.

Once the arteries are hardened and narrowed, blood flow is made more difficult. A serious danger then arises: it is easier for a clot to form that might block an artery and thereby shut-off blood flow to the heart, brain, or other organs. If complete blockage occurs in a coronary artery, heart attack occurs. Complete blockage in a vessel leading to the brain results in stroke.

Atherosclerosis appears to be the culmination of a life-long process. Although configurations of atherosclerosis usually present in adulthood, the apparent harbingers of the end-stage atherosclerotic lesions, fatty streaks, and fibrous plaques are found early in life. Further, more advanced atherosclerosis may be present in young adults (e.g., young soldiers who died of battle trauma in World War II and the Korean and Vietnam conflicts exhibited severe coronary artery disease.)

Unfortunately, 50 percent of middle-aged Americans have serum cholesterol levels that exceed 200 milligrams/deciliter (mg/dl), placing them in a zone of increased risk of developing cardiovascular disease. Of equal, if not greater concern are the epidemiologic surveys of precursors of risk factors for coronary heart disease in children, which have established that U.S. children have higher plasma lipid concentrations than do children of other populations in which adult atherosclerotic disease is less frequent.

Alarmingly, about five percent of 5-18 year old U.S. children have plasma cholesterol levels greater than 200-220 mg/dl.

That an elevated plasma cholesterol level increases one's risk of cardiovascular disease is beyond question. According to the National Institutes of Health (NIH) Consensus Development Conference Statement, "Lowering Blood Cholesterol to Prevent Heart Disease,":

> Elevated blood cholesterol level is a major cause of coronary artery disease. It has been established beyond a reasonable doubt that lowering definitely elevated blood cholesterol (especially blood levels of low-density lipoprotein cholesterol) will reduce the risk of heart attacks due to coronary heart disease.

(Emphasis added.)

For some individuals, drug intervention may be necessary to reduce elevated blood cholesterol levels. But for many others, combining a reduction in dietary cholesterol consumption with a reduction in saturated fat consumption will result in significant decreases in serum cholesterol levels.

In an effort to prevent cardiovascular disease, the American Heart Association has developed a series of dietary guidelines for healthy Americans. However, of more immediate relevance to this subcommittee are American Heart Association dietary guidelines that have been developed for healthy children over the age of two. These recommendations call for moderate changes while maintaining the tenets of nutritional adequacy. The focus is on substitution and modification rather than on elimination of certain foods.

The dietary recommendations are:

1. Diet should be nutritionally adequate, consisting of a variety of foods.
2. Caloric intake should be based on growth rate, activity level and content of deposits of subcutaneous fat so as to maintain desirable body weight.
3. Total fat intake should be approximately 30% of calories, with 20% or less from saturated fat, about 10% from monounsaturated fat, and less than 10% from polyunsaturated fat. The emphasis should be on reduction of total fat and saturated fat rather than increasing polyunsaturated fat.
4. Daily cholesterol intake should be approximately 100 mgs. cholesterol per 1,000 calories, not to exceed 300 mgs. This allows for differences in caloric intake in various age groups.
5. Protein intake should be about 15% of calories, derived from varied sources.
6. Carbohydrate calories should be derived primarily from complex carbohydrate sources to provide necessary vitamins and minerals. Thus, the total percent of calories from carbohydrates would be about 55%.
7. Excessive salt intake may be associated with hypertension in susceptible persons. On the whole, the American diet contains excessive amounts of salt. Therefore, a limitation on most highly-salted processed foods and sodium-containing condiments and the elimination of added salt at the table is recommended.

An elevated serum cholesterol is one risk factor for cardiovascular disease. Individuals who smoke further increase their risk of developing heart and blood vessel disease. According to the Surgeon General's 1983 report, THE HEALTH CONSEQUENCES OF SMOKING Cardiovascular Disease, cigarette smoking has a "significant positive association" with atherosclerosis. Though the relationship is not fully understood, the

Surgeon General reported, "evidence exists that cigarette smoke alters total serum cholesterol concentrations and lipoprotein composition in ways that would be expected to increase the development of atherosclerosis."

Currently, an estimated 51 million adult Americans smoke. The most recent statistics released by the Department of Health and Human Services (HHS) reveal that while fewer people are smoking now than in the last 40 years, still 29.5 percent of men and 23.8 percent of women in the United States smoke.

Unfortunately, a significant number of our nation's children also smoke. HHS's 1986 status report, Smoking and Health, confirms that most individuals who smoke start before the age of 20. Indeed, recent data indicates that 88.4 percent of male smokers and 83.9 percent of female smokers started smoking before age 20.

A 1986 survey of high school seniors conducted by the Survey Research Center (SRC) of the University of Michigan revealed how young many of our nation's youth are when they initiate smoking. In its report, Monitoring the Future, SRC revealed that more than half of all high school students who reported that they had smoked indicated that they smoked their first cigarette in grade eight or earlier. Nearly 25 percent of the reported smokers reported that they had smoked their first cigarette in grade six or earlier.

The age of smoking initiation is a special concern to the American Heart Association since statistical data suggest that the younger one starts to smoke, the more likely one is to be a current smoker.

With all of these facts in mind, the American Heart Association has initiated a variety of public education programs, including several programs that operate in schools. In 1986, approximately 432,600 children participated in our Heart Treasure Chest program, which introduces pre-school youngsters to the heart and vascular system, instructs them on physical activity and rest, and provides basic nutritional information. Junior and senior high school students are the targets of anti-smoking messages in the Save-A-Sweetheart program, which reviews peer pressure, encouraging students not to smoke or to quit. About 299,000 teenagers took part in the program in their local schools in 1986.

Though we are making great strides, much more remains to be done. It is for this reason that the American Heart Association urges enactment of the Office of Comprehensive School Health Education Act of 1987. We believe that through the development of a program that would ensure continuous health education in grades K-12, our nation's youth will be encouraged to adopt healthy behaviors, which will result in longer and more productive lives.

The American Heart Association believes that all of our nation's youth must be exposed to preventive health education concepts. We believe that the creation of an Office of Comprehensive School Health Education, which would encourage state and local educational agencies to provide comprehensive health education programs to elementary and secondary schoolchildren, will help ensure the teaching of these important preventive health concepts. For this reason, we urge enactment of S.1348.

STATEMENT OF

THE COUNCIL FOR EXCEPTIONAL CHILDREN

and

THE ASSOCIATION FOR THE GIFTED

to the

SUBCOMMITTEE ON EDUCATION, ARTS AND HUMANITIES

of the

COMMITTEE ON LABOR AND HUMAN RESOURCES

U.S. SENATE

with respect to

THE JACOB K. JAVITZ GIFTED AND TALENTED CHILDREN AND YOUTH

EDUCATION ACT OF 1987

S. 303

September 18, 1987

The Council for Exceptional Children and The Association for the Gifted are pleased to have this opportunity to submit for the record the following statement of support for S. 303, The Jacob K. Javitz Gifted and Talented Children and Youth Education Act of 1987. The Council for Exceptional Children (CEC) is the international professional association of persons involved in the education of exceptional children, including those who are handicapped and those who are gifted and talented. The Association for the Gifted (TAG) is a Division of CEC and is committed to advancing the education of gifted and talented children and youth.

S.303 would establish a modest federal capacity to address national problems in advancing the education of gifted and talented students. There is growing concern and interest in improving educational opportunities for gifted and talented children and youth, however, states and localities, colleges and universities, and the private sector are constrained in their ability to proceed effectively because of the lack of trained personnel and the scarcity of ongoing research on effective practices, information, model programs, and procedures for the identification of special populations. This legislation would provide that critical missing link to advancing the education of our nations most valuable resource.

Number of Gifted and Talented Children

It is estimated that there are 2.5 million gifted and talented students in our nation's elementary and secondary schools. These students require some form of special educational assistance. However less than half of them are receiving any form of special assistance. And for many of those students receiving some help, that help is minimal. In a recent national study of programs for the gifted conducted by the Richardson Foundation of Texas, it was found that when criteria were applied to programs for the gifted to determine whether they were "minimal" or "substantial," significantly less than half of the programs offered met the "substantial" criteria.

While it is generally assumed that gifted and talented students will "make it on their own," studies suggest quite the contrary. Studies have found that approximately 50 percent of gifted children are working at least four grades below the level at which they could be working, and that a significant percentage of high school dropouts are youth with high ability. Imagine a first grader who can read on a fifth grade level and do advanced math who must recite the alphabet and count to 10 with his classmates day in and day out. Under these circumstances you can readily understand why many gifted students underachieve, develop emotional problems, or drop out of school altogether. There are also many poor and/or culturally different gifted and talented students who are not identified by traditional methods such as intelligence or achievement tests. Thus, they are denied the opportunities to develop their talents. This is particularly significant when one considers that 85% of high school dropouts each year are Black, Hispanic, or White economically disadvantaged students.

According to the Council of State Directors of Programs for the Gifted, twenty three states now mandate some form of special services to gifted and talented students. State and local expenditures for gifted and talented education have increased over the past decade to approximately $384 million. While this level of funding may appear to be impressive, it translates into only $150 per gifted and talented child. Many states, moreover, spend even less than this amount to meet the special needs of gifted and talented students.

More recently, current state efforts have been augmented somewhat by a growing interest and participation of the private sector in programs for the gifted and talented. From mentor programs - where students work directly with individuals, businesses and government agencies - to direct financial assistance to schools, the private sector is increasingly an important asset.

At the same time, present federal programs appear to be having only minimal impact on assisting in the provision of services to gifted and talented students. States report that about $10 million dollars of Chapter II of the Education Consolidation and Improvement Act, P.L. 97-35, is in some fashion assisting in the education of gifted and talented students. States also report that, on the whole, gifted and talented students have not benefited from the Education for Economic Security Act, P.L. 98-377.

Who Are Gifted and Talented Children?

Gifted and talented students are, by definition, unique learners and require specially designed programs. As with other exceptional children, the types of programs needed and the extensiveness of the program will vary depending on the student. Gifted and talented students are generally defined as exhibiting high performance or capability in one or more of the following five ability areas: (1) intellectual; (2) creativity; (3) artistic; (4) leadership; and (5) academic.

While many gifted and talented students will excel in a number of these areas, it is important that programs be broadly based enough to accept children with talent in any one of these areas and offer programs to foster their special abilities and talent. An intelligence test may, for example, be one measure of intellectual ability, but if it is the only criterion for eligibility for services, children with outstanding artistic or leadership abilities will not have their talents developed.

Just as there are different types of talents, there are different levels of ability within those talents. Thus, services must be varied to meet children's needs. The Richardson Foundation study found that most schools with a program for gifted and talented students offer only a single program option. The average program provides only two or three hours of enrichment activities per week, with little or no modification in the child's regular school program. The study concluded that comprehensive programming to meet the wide range of gifted and talented students requires the availability of special schools, special classes and enrichment programs, and that students should be able to move in and out of these options as their needs change. As we look at programs for the gifted throughout the nation, we find a wide variety of program options. The problem is that it is very rare to find a community where all these options exist simultaneously.

We also need motivated and skilled teachers in order to have effective programs for the gifted and talented. It is commonly assumed that all teachers want to teach the gifted. This is not true. A recent study in Dade County, Florida found that only 28% of the teachers wanted to teach "creative and intellectually demanding students who call for a special effort." Even when we can find teachers who enjoy the challenge of the gifted child, they rarely receive adequate training to acquire the knowledge and skills they need. Recent estimates suggest that only 20 percent of the current teachers of the gifted have the skills to organize an appropriate curriculum for these children. This is not surprising in light of the fact that only 15 states presently have any specialized certification requirements for teachers of the gifted and talented.

The Council for Exceptional Children and The Association for the Gifted believe that never before in the history of our country has there been more interest in meeting the needs of our gifted and talented students. With the aging of our population and the decline in the number of young Americans, we can no longer afford to waste talent. Children with outstanding potential must be discovered at an early age so their abilities can be nurtured throughout their school years.

We believe that S. 303 is an essential part of realizing the education reforms called for by the National Commission on Excellence in Education. In their report, A Nation At Risk, the Commission recommends that:

> The Federal Government, in cooperation with states and localities, should help meet the needs of key groups of students such as the gifted and talented, the socioeconomically disadvantaged, minority and language minority students, and the handicapped. In combination these groups include both national resources and the Nation's youth who are most at risk. (p. 32)

S. 303 wisely focuses limited federal resources on essential areas that states, localities, and the private sector have told us they cannot effectively address. These areas include: (1) personnel development, (2) model programs, (3) technical assistance, and (4) research.

We further support the legislation's emphasis on special populations (i.e., children and youth who are female, limited English speaking, economically disadvantaged,or handicapped), as well as its stress on fostering greater cooperation between the public and private sector in program development.

In conclusion, we hope that the Senate will approve S. 303, and thus restore a positive tradition in gifted education. In the 1950s and 1970s, when the Congress previously appropriated funds for the education of gifted children, we witnessed significant growth in both state and local programs. During those periods, a modest federal investment resulted in substantial benefits to both gifted and talented youngsters and our nation as a whole. Likewise, S. 303 can provide the basis for stimulating and improving programs in the 1980s and beyond.

We commend Senator Bradley for introducing and advocating for this most important piece of legislation and the members of the Senate from both parties who have lent their support as co-sponsors. Furthermore, we thank Chairman Pell for scheduling and making the hearing on this bill possible. We stand ready to work with the Congress to improve the education of gifted and talented children and youth.

THE
AMERICAN
COLLEGE
OF
PREVENTIVE
MEDICINE

PROVIDING LEADERSHIP IN HEALTH PROMOTION AND DISEASE PREVENTION

1015 FIFTEENTH STREET, NW SUITE 403 • WASHINGTON, DC 20005 • (202) 789-0003

June 4, 1987

The Honorable Jeff Bingaman
The United States Senate
SH-502
Washington, DC 20510

Dear Senator Bingaman:

The American College of Preventive Medicine strongly supports your proposed legislation--The Office of Comprehensive School Health Education Act of 1987. This legislation, which proposes to establish a focal point for health education within the Department of Education; provide assistance to state and local education agencies; and establish a grant program to develop new and strengthen existing comprehensive health education programs is very much needed. The current health of children as well as their health as adults in future years is closely related to the quality of health knowledge and skills and the practice of healthy lifestyles. The schools with trained educators are an appropriate setting for delivery of health education.

A growing body of research demonstrates that comprehensive school health education programs improve students knowledge and act to "immunize" young people against unhealthy practices such as cigarette smoking. The Fellows of the American College of Preventive Medicine believe it is important that all elementary and secondary school students have access to comprehensive health education programs. This legislation is a step toward making this possible.

The American College of Preventive Medicine, established in 1954, is the medical speciality organization which represents physicians who are board certified in preventive medicine. Among its 2,300 members are researchers, public health officers, corporate medical directors, clinicians, and teachers.

Please feel free to contact me or ACPM staff if we can assist the Senate in making this important legislation a reality.

Sincerely,

John M. Last, MD

John M. Last, M.D., M.P.H.
President

OFFICERS—*President* ***John M. Last, M.D.**, Ottawa, Ontario; *President-Elect* ***F. Douglas Scutchfield, M.D.**, San Diego, California; *Secretary-Treasurer* ***Craig H. Llewellyn, M.D.**, Bethesda, Maryland **REGENTS**—*Aerospace Medicine* ***Jeffrey Glenn Davis, M.D.**, San Antonio, Texas; *General Preventive Medicine* ***Barbara Hulka, M.D.**, Chape Hill, North Carolina; *Occupational Medicine* ***Ronald M. Schwartz, M.D.**, Los Angeles, California; *Public Health* ***Robert G. Harmon, M.D.**, Jefferson City, Missouri; *(Region 1)* **Alastair J. Clayton, M.B., Ch. B.**, Ottawa, Ontario; *(Region 2)* **Clayton L. Thomas, M.D.**, Palmer, Massachusetts; *(Region 3)* **David Harris, M.D.**, Huntington, New York; *(Region 4)* **George E. Hardy, Jr., M.D.**, Washington, D.C.; *(Region 5)* **Willard Cates, Jr., M.D.**, Atlanta, Georgia; *(Region 6)* **Fred T. Nobrega, M.D.**, Rochester, Minnesota; *(Region 7)* **Christopher M.G. Buttery, M.D.**, Richmond, Virginia; *(Region 8)* **George Wolfe, M.D.**, Santa Cruz, California **PAST PRESIDENTS**—**George E. Pickett, M.D.**, Birmingham, Alabama; **M. Alfred Haynes, M.D.**, Los Angeles, California **EXECUTIVE DIRECTOR**—**William M. Kane, Ph.D.**, Washington, D.C.

*EXECUTIVE COMMITTEE

NaSHEC

National School Health Education Coalition

June 4, 1987

The Honorable Jeff Bingaman
The United States Senate
SH-502
Washington, DC 20510

Dear Senator Bingaman:

The National School Health Education Coalition (NaSHEC) commends you for your, proposed legislation--The Office of Comprehensive School Health Education Act of 1987. This legislation, which proposes to establish a focal point for health education within the Department of Education; provide assistance to state and local education agencies; and establish a grant program to develop new and strengthen existing comprehensive health education programs is very much needed. Health education is essential if children are to acheive their fullest health potential. Members of NaSHEC beleive that schools with trained educators are an excellent setting for delivering health education.

A growing body of research demonstrates that comprehensive school health education programs are key to improving students knowledge and the establishment of healthy lifestyles. The members of the National School Health Education Coalition believe it important that all elementary and secondary school students have access to comprehensive health education programs. Your proposed legislation is a step toward making this possible.

The National School Health Education Coalition, established in 1984, represents more than 50 national organizations who are interested in promoting high quality, comprehensive health education programs in elementary and secondary schools. Attached is additional information regarding NaSHEC, and a list of members who are actively supporting legislative efforts to secure school based health education programs.

Please feel free to contact me at (202) 789-0003 if NaSHEC can assist the Senate in making this important legislation a reality.

Sincerely,

William M. Kane

William M. Kane, Ph.D.
Chairperson

30 East 29th Street
New York, NY 10016

NaSHEC

NATIONAL SCHOOL HEALTH EDUCATION COALITION

The National School Health Education Coalition (NaSHEC) was established in 1983 as a coalition representing over 50 national organizations with an interest in promoting high quality and comprehensive health education programs in elementary and secondary schools. Members of the NaSHEC include national medical organizations, voluntary health organizations, business and industry; and organizations representing health and educational professionals. A complete listing of the current NaSHEC membership is attached. The common bond uniting these organizations is the belief that this Nation's children should have access to high quality health education, and that such programs can be most effective when they are comprehensive in nature and delivered through the schools.

"Comprehensive school health education" describes programs which are sequentially planned and delivered in grades K-12 by teachers with special preparation in health education. Comprehensive school health education is based on sound scientific principles of health promotion and disease prevention, and covers content sufficiently board enough to insure each student reached his or her fullest health potential.

The goals of NaSHEC include cooperation and information sharing among member organizations; supporting establishment of local coalitions and activities promoting school health education; and acting as advocates for comprehensive school-based health education. NaSHEC belives that each child has the right to reach his or her optimal health potential, and that comprehensive school health education programs are intregal to acheivement of that goal.

30 East 29th Street
New York, NY 10016 (212) 689-1886

Association
for the
Advancement of
Health Education

1900 Association Drive
Reston, Virginia 22091

(703) 476-3440

June 4, 1987

Honorable Jeff Bingaman
502 HSOB
Washington, DC 20510

Dear Senator Bingaman:

On behalf of the Association for the Advancement of Health Education, please let me say that we are delighted with the legislation that has been developed under your leadership in support of the establishment of an Office of Comprehensive School Health Education within the Department of Education through "The Comprehensive School Health Education Act of 1987". We are pleased to forward this letter of support as you prepare to introduce the bill in the Senate. It is our sincere hope that this office will facilitate quality input from four perspectives:

1) that the Department of Education will be able to develop support staff with expertise in health education to assist in internal policy and program development

2) that the Department of Education will be able to provide routes of access to state and local education agencies, coordination, and technical assistance to other Federal agencies working with initiatives in school health education

3) that improved comprehensive school health education programs will be developed across the country through utilization of health education expertise in the development and supervision of such programs

4) that a wide variety of school systems will be able to enhance or develop quality health education programs through the use of grant funds provided by this legislation.

The need for increased and improved comprehensive health education programs across the United States is extensive, as you well know. The HealthNet program which you have been instrumental in organizing in New Mexico is an excellent model of how health promotion awareness and action can be improved with citi-

An Association of the American Alliance for Health, Physical Education, Recreation and Dance

zens of all ages. We are very pleased to have you involved through this legislation with the improvement of education programs to assist in health promotion and lifestyle choices for the youth of America.

Again, thank you for devoting your time, expertise, and concern to the development of this critically needed office and grant program. Please let me know if our organization can be of any assistance with this vital initiative.

Sincerely,

Richard L Papenfuss
Richard L. Papenfuss, Ph.D.
President
AAHE

1885-
A Century Remembered . . . A Mission for the Future

American Alliance for health, physical education, recreation and dance

1900 Association Drive . Reston, Virginia 22091 (703) 476-3400

June 4, 1987

Senator Jeff Bingaman
502 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Bingaman:

As Executive Vice President of the American Alliance for Health, Physical Education, Recreation and Dance, I would like to express our enthusiastic support for your introduction of "The Office of Comprehensive School Health Education Act of 1987", and reaffirm our commitment to its successful passage. By creating a separate Office of Comprehensive School Health Education within the Department of Education, this bill will go a long way toward achieving the following critical goals:

-- encourage the creation of comprehensive health education programs in the states and localities.

-- improve existing health education programs through the use of grant funds specifically targeted for the development of quality programs.

-- provide a mechanism for other federal agencies to funnel their health related information to the schools.

Your work in organizing HealthNet New Mexico, your founding of the Senate Health Promotion Project, as well as your leadership and guidance in this important initiative, amply demonstrate your sincere commitment to the health issues affecting all Americans.

We are pleased to work with you and would like to extend to you our deep appreciation for devoting your time, expertise and concern to this critical effort. Please let me know if our organization can be of any assistance.

Sincerely,

F. H. Haywood

F. Hal Haywood, Ph.D.
Acting Executive Vice President

● American Association for Leisure and Recreation ● American School and Community Safety Association
● Association for the Advancement of Health Education ● Association for Research, Administration and Professional Councils and Societies
● National Association for Girls and Women in Sport ● National Association for Sport and Physical Education ● National Dance Association

Centennial Convention — Atlanta, Georgia — April 17-21, 1985

SDSU

GRADUATE SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH AND HUMAN SERVICES
SAN DIEGO STATE UNIVERSITY
SAN DIEGO CA 92182-0405

(619) 265-6317

August 10, 1987

The Honorable Senator Gordon Humphrey
Senate Subcommittee
Education, Arts & Humanities
Washington, D.C. 20510

Dear Senator Humphrey:

I am writing to support SB 1348 "Office of Comprehensive School Health Education." I am in favor of this bill for the following reasons. It will:

1. encourage state and local educational agencies to provide comprehensive school health education to elementary and secondary school students.
2. provide technical assistance on health education programs and curricula.
3. make grants to establish or improve comprehensive school health education programs.
4. coordinate school health education programs within the Dept. of Education and with other federal agencies where the need is greatest.
5. provide advice to the Secretary on school health education policy.

These programs are vital if our children are to grow up strong and healthy. Please vote for passage of SB 1348.

Sincerely,

David Sleet

David A. Sleet
Professor

DAS:rp

WISCONSIN STATE SCHOOL HEALTH COUNCIL

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August 18, 1987

Claiborne Pell
Chairman Senate Subcommittee on Education, Arts, Humanities
United States Senate
Washington, D.C. 20510

Honorable Senator Pell:

In behalf of the Wisconsin State School Health Council, an organization of school nurses, school-linked physicians, health educators, and professional and voluntary organizations dedicated to healthy children in a healthy environment, I would like to express our support of SB1348, "Office of Comprehensive School Health Education Act of 1987", introduced in the Senate by Senator Jeff Bingaman.

We are especially enthused about the office's proposed function in encouraging state and local educational agencies to provide comprehensive school health education to elementary and secondary school students, to provide technical assistance to these agencies on health education programs and curricula, and to provide financial support in the form of grants to supplement existing school health education funds under the conditions spelled out in the bill.

We are convinced that a comprehensive system of delivering health programs and services to America's youth can only be done through the schools because that is where all children are. And it is only through a sizeable and long term investment in these comprehensive services and in the prevention of health problems (not just physical health problems, but also social, emotional,and mental health problems) will we, the United States of America, conquer such pervasive and detrimental problems such as alcohol and other drug abuse, teen pregnancy, child suicide, depression, and the many other health problems which often stem from low self esteem and/or poor or little knowledge about health.

I thank you for your time and attention in this matter. I hope the federal government will see that making an impact on the long term health issues facing this nation are an appropriate role and, more importantly, a reason for expenditure at the national leadership level.

Sincerely Yours,

Nancy Freeman

Nancy Freeman, President
Wisconsin State School Health Council

NF:jf

cc: Senator Robert Kasten
Senator William Proxmire
Senator Jeff Bingaman

MEMBER ORGANIZATIONS
SUPPORTING LEGISLATIVE OBJECTIVES
REVISED

Adventists Health Network

American Assoc. of School Admin.

American Cancer Society

American College of Preventive Medicine

American Heart Association

American Lung Association

American Nurses Association - Council of Community Health Nurses

American Optometric Association

American School Health Association

Association for the Advancement of Health Education

Auxiliary to the American Dental Association

Auxiliary to the American Optometric Association

Education Development Center, Inc.

March of Dimes Birth Defects Foundation

National Mental Health Association

National Scoliosis Foundation, Inc.

LEGISLATIVE INFORMATION

STATEMENT
OF THE
NATIONAL EDUCATION ASSOCIATION

ON THE

OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION ACT

S. 1348

SUBMITTED TO THE

SUBCOMMITTEE ON EDUCATION, ARTS AND THE HUMANITIES
OF THE
COMMITTEE ON LABOR AND HUMAN RESOURCES
U.S. SENATE

OCTOBER 5, 1987

MARY HATWOOD FUTRELL, President • KEITH GEIGER, Vice President • ROXANNE E. BRADSHAW, Secretary-Treasurer
DON CAMERON, Executive Director
(202) 822-7300

Mr. Chairman and Members of the Subcommittee:

The 1.86 million-member National Education Association appreciates the opportunity to comment on the need for national attention to the serious health problems facing our nation's school-aged children.

The health of our nation's children is the health of our nation's future. We, therefore, commend this Subcommittee for its attention to this important area, in particular Senators Pell, Bingaman, Conrad, and Daschle for introducing S. 1348, the Office of Comprehensive School Health Education Act of 1987.

S. 1348 would establish an office within the U.S. Department of Education to coordinate and provide technical assistance to state and local education agencies in the area of health education. In addition, the office would provide grants to state and local education agencies for model comprehensive school health education programs, including attention to personal health and fitness, nutrition, mental and emotional health, prevention of chronic diseases, and other health areas affecting young people. In addition, we commend the bill's authors for requiring community involvement in funded projects.

We do believe that this legislation would be strengthened by giving the Office of School Health Education responsibilities to assist in the provision of school health services.

The problems students bring to their classes are becoming more diverse and complex each day, and their solution demands the experience, training, resources, and time that school staff members do not have. And yet, the NEA believes that public schools can play an important role in helping coordinate appropriate health and social services for students, including school-based health education programs.

Every child needs decent health care at every stage of his or her development. However, health professionals working with low-income schoolchildren have found that as many as 80 percent are suffering from one or more untreated medical conditions. Such untreated problems as vision, hearing, and dental problems can impair a child's ability to attend or benefit from school. Timely treatment and preventive care are also cost-effective.

Teenagers have special health care needs, and access to preventive health education promotes more mature decision-making by teens about maintaining their own health. Schools, in cooperation with families and communities, can be an effective part of an effort to discourage America's young people from imperiling their lives and futures by engaging in drug and alcohol use, or premature sexual activity, or by succumbing to emotional pressures.

Our nation has seen alarming rates of sexually transmitted disease, pregnancy, eating disorders, and suicide among teenagers.

o Sexually active adolescents ages 15 to 19 suffer the highest overall rates of sexually transmitted diseases among Americans. For example, about one-quarter of all reported gonorrhea cases occur in teenagers, and an estimated one million teenagers suffer from chlamydial infections each year.

o An NEA study discovered almost 700 cases of AIDS among young people under 19. By 1991, an estimated 3,000 children will have AIDS.

o Each year, more than one million American teenagers become pregnant, one out 11 women aged 15 through 19.

o The United States has the highest rate of teenage drug use of any industrialized nation. More than 61 percent of all high school seniors have used drugs.

o Some 91 percent of all high school seniors have used alcohol, and an estimated 30 percent of all young people 14 to 17 have suffered negative consequences such as car accidents or arrests because of drinking.

o An estimated three percent of all female high school students are victims of anorexia nervosa, and as many as 10 percent of female high school students are victims of bulimia.

o Suicide is now the third leading cause of death among Americans aged 15 to 24. Some 5,000 young people kill themselves each year.

There is an urgent need for a concerted national effort to address these problems. We do not believe that the public schools should be the only, or even the primary, institution addressing the health needs of America's young people. But public school employees, including classroom teachers and school nurses, are in a unique position to help identify problem areas, help coordinate health services, and to be a part of the national effort to educate children and their families about proper health care and wellness.

At present, those efforts are far too scattered. Currently 12 different federal agencies operate school health programs, and only 20 states have a consultant in their education departments responsible for school health programs. A federal Office of Comprehensive School Health Education would help coordinate and consolidate those efforts, as well as serve as a lightning rod for future national policies in these areas.

An Office of Comprehensive School Health Education would help coordinate relevant health information to schools from the hundreds of categorical federal health education programs. In addition, the Office would carry out the essential function of encouraging and providing technical support to local and state comprehensive health education programs.

Health education is important, but it is not the only element of a coordinated school health program. NEA believes school health services — including examination, referrals, and emergency care — are an important component of the schools' commitment to the health and well-being of students, and should be addressed in this legislation. We also believe the Department of Education should employ a qualifed school nurse to provide consultation and technical assistance regarding school health programs.

School nurses have the educational background and professional skills to be effective in early identification of risk behaviors for suicide, substance abuse, child abuse, and eating disorders. School nurses develop health care plans for children with chronic illness and provide support to children, their families, and teachers on an ongoing basis. In addition, school nurses generally have responsibilities for developing and administering school health education programs.

NEA believes that — in addition to coordinating and providing technical asssistance for health education programs — the Office of Comprehensive School Health Education should assist in coordinating and providing technical assistance to school nurses and others responsible for school health services. School nurses and others need to keep abreast of recent developments, effective methods, and other information to ensure quality school health services. As with health education, health services should, of course, be developed in cooperation and with the input of parents and others in the community.

By giving the Office of Comprehensive School Health Education responsibilities in the area of school health services, the federal government would substantially aid local and state education agencies in integrating health education and health services programs.

Finally, to ensure that this legislation receives the attention it deserves, we urge you to include S. 1438 in the Senate omnibus elementary and secondary reauthorization bill, S. 373. A version of this bill is already a part of the House-passed omnibus education bill, H.R. 5.

Our nation's schools share the responsibility to teach and encourage America's students to live healthy and productive lives, and NEA looks forward to working with you in taking this important step toward ensuring a brighter future for all Americans.

Senator PELL. Thank you for being with us and this concludes this hearing.

[Whereupon, at 11:35 a.m., the Subcommittee adjourned subject to the call of the Chair.]

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